

REQUEST TO RESTRICT DIRECTORY INFORMATION DISCLOSURE

In conformity with the Family Educational Rights and Privacy Act of 1974 (FERPA) and subsequent amendments, St. Cloud State University ("SCSU") provides students/alumni the option to opt-out of directory information disclosure. For more information, please visit the [Data Privacy and Data Practice](#) site or contact the **Office of Records and Registration** (320-308-2111; AS-118; or registrar@stcloudstate.edu). **Please read the entire document and consider this decision carefully.**

SCSU Approved Directory Information List (may be released for any purpose):	SCSU Approved Limited Directory Information List (release is limited for university purposes):
Name (Exception: cannot be restricted in on-site/ online classes to remain anonymous to classmates.)	Campus & non-campus email address
Most recent previous educational institution	Local and permanent mailing address
Class level (first-year, sophomore, etc.)	Telephone numbers
Non-financial honors/awards and dates awarded	StarID
Participation in official recognized activities and sports	Photo
Weight and height of athletic team members	
Hometown	
Enrollment status	
Major field of study	
Dates of attendance	
Degrees and dates awarded	

If a student/alumni opts-out of directory information disclosure, SCSU will still use the data as needed for university business (such as providing a diploma or issuing a scholarship). However, SCSU will not release any directory information above to a third party including, but not limited to: a caller, parent(s), spouse, high school, potential employer, insurance company, or the SCSU Foundation (except as FERPA allows). Some examples include, but are not limited to: commencement program will not list student nor will name be given to ceremony photographer; home newspaper will not be notified student made the dean's list nor highlight student accomplishment(s)/award(s); potential employer will not be provided student's attendance dates or degree earned.

Please read and initial below to indicate the following is understood:

- _____ I understand even if I opt-out, my name may still be used in on-site or online classes.
- _____ I understand while this restriction is active when I, or anyone else, calls SCSU regarding my educational record, the reply will be similar to "I cannot give information on that individual."
- _____ I understand this restriction is effective within 5 business days of receipt by the Office of Records and Registration and does not apply to any past release of information.
- _____ I understand SCSU is not responsible for consequences which arise out of compliance with my request.
- _____ I understand this restriction will remain in effect according to the option selected on the form below.
- _____ I understand if I wish to rescind this restriction prior to the date indicated in the selection below, I must request this using confirmation below through the SCSU Office of Records and Registration (registrar@stcloudstate.edu or fax 320-308-2059).

Select one option below to indicate duration of this restriction, sign/date, and either return to Registrar's office (present Driver's License or SCSU ID) or email using your SCSU email address to registrar@stcloudstate.edu:

- ☐ Do not release any directory information indefinitely.
- ☐ Do not release any directory information until _____ [enter specific date].

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____

To rescind directory disclosure restriction, student must sign and date above as well as confirm below:

- ☐ Please remove directory disclosure restriction from my SCSU student record, effective as of date listed above.