

1 College and Main Columbus, Ohio 43209-2394

Request to Prevent Disclosure of Directory Information

The items listed below are designated as *directory information* and may be released for any purpose at the discretion of Capital University, under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended:

- a. Name
- b. Address campus and home
- c. Telephone numbers campus, home, and/or cell phone
- d. E-mail address campus
- e. Enrollment type
- f. Date and place of birth
- g. Field of study
- h. Participation in officially recognized activities and sports
- i. Dates of attendance at Capital University
- j. Degrees and awards received while attending Capital University
- k. Most recent educational agency or institution attended by students
- I. Weight and height of members of athletic teams
- m. Photograph
- n. High school of student
- o. Greek affiliation
- p. Class rank of student
- q. Student identification number may be displayed on Student ID Card

You have the right to withhold the disclosure of the directory information. As long as a hold is in place, directory information will not be made publicly available. Please consider the consequences of withholding directory information. For example, the University is unable to verify attendance and degree(s) for students who have withheld their directory information. By signing this document a non-personally identifiable email address will be assigned to you, e.g., CU123@capital.edu.

If you wish to restrict disclosure of directory information, please sign and date this document and deliver it to the Capital University Registrar.

I wish to withhold all directory information.

Printed Name: (first, MI, last)	Student Identification Number:
Signature:	Date:

REQUEST TO REMOVE DISCLOSURE OF DIRECTORY INFORMATION HOLD

If you have previously submitted a Request to Prevent Disclosure of Directory Information, you may revoke this request by completing this form and delivering the form to the University Registrar.

I wish to remove disclosure of the directory information hold. Capital University will now release my directory information.

Printed Name: (first, MI, last)	Student Identification Number:
Signature:	Date: