## WISCONSIN River Falls

GLOBAL. INNOVATIVE. EXCELLENT.

Registrar's Office

410 South 3rd St, River Falls WI 54022

(715)425-3342

www.uwrf.edu/registrar

## 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 our institution.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of "Directory Information". Should you decide to inform the institution not to release any or all of the "Directory Information", any future requests during the year for such information from non-institutional persons or organizations will be refused. If the information is withheld at the time of graduation, that status will be held until you notify the institution in writing that you would like your "Directory Information" to be released.

The institution will honor your request to withhold any of the categories listed below, but cannot assume the responsibility to contact you for subsequent permission to release them. The institution assumes no liability for honoring that such information be withheld. If any part of the "Directory Information" is withheld, no information will be included on the University on-line directory.

Please mark the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following public or Directory Information.

DO NOT DISCLOSE: (Please check each category to be withheld)

DEMOGRAPHICS	Name, Falcon Account Number, Birth date, Addresses: Billing, Home, Mailing, Work, Residence Hall, Email Telephones: Home, Main, Work, Residence Hall
ACADEMICS	Most recent institution(s) attended, major and minor fields of study, awards, honors (including Dean's list), degree(s) conferred (including dates), commencement program, honors programs, dates of attendance, classification status (including year, credit load, and total number of credits completed)
ATHLETICS	Past and present participation in officially recognized sports and activities, physical factors (height and weight of athletes)

If this form is not received in the Registrar's Office in Room 105 North Hall within two calendar weeks after the first day of class for the FALL Term, the information will be found in the printed directory, but will be withheld electronically if requested.

## A new form for non-disclosure must be completed each academic year.

	ACADEMIC YEAR		
STUDENT SIGNATURE		_DATE	
STUDENT NAME	Please Print Full Name	_BIRTHDATE	
Falcon I.D.: <u>W</u>	Daytime Phone	· = =	
Email Address:			
			Revised September 2, 2015