



Office of the Registrar
College Hall 102
registrar@smith.edu

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

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| Name: | ID: | Class Year: |
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The items listed below are designated as "directory information" and may be released for any purpose at the discretion of the institution.

- Name
- Home address and telephone number (while in college)
- College address and telephone number
- Smith email address
- Date of birth
- Dates of attendance (current and past)
- Enrollment status (full-time or part-time)
- Academic/class level
- Fields of study (major[s], minor, concentration, certificate)
- Degrees, honors, and awards received, including date(s) received
- Participation in college extra-curricular activities (if known)
- Height and weight of members of college athletic teams
- Previously attended educational institution(s)
- Student identification number that is (1) used by a student for purposes of accessing or communicating in electronic systems or (2) displayed on a student ID card or elsewhere, but only if it cannot be used, standing alone, by an unauthorized individual to gain access to protected education records except when used in conjunction with one or more factors that authenticate the user's identity known or possessed only by authorized user(s)
- Photographs and digital images

Under the provision of the Family Educational Rights and Privacy Act of 1974 (FERPA), you have the right to withhold the disclosure of directory information. Your request must be filed with the Office of the Registrar within five days of the start of the fall semester.

Please consider very carefully the consequences of any decision by you to withhold directory information. Should you decide to inform the institution not to release directory information, any future requests for such information from non-institutional persons or organizations will be refused.

The college will honor your request to withhold the items listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the college assumes no liability for honoring your instructions that such information be withheld.

Please sign below to indicate that you do not wish the college to disclose directory information. **A new form must be completed each academic year.**

Student Signature:

Date: