Methodist College

Request to Prevent Disclosure of Directory Information

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The Family Educational Rights and Privacy Acts designates certain information related to students as directory information and gives the College permission to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that all such information not be made public without their written consent. The specific listing of Directory Information elements is defined below:

Student Name
Student ID photograph
College-provided email address
Major field of study
Dates of Attendance
Class Level (e.g. Freshman, Sophomore, etc.)
Enrollment Status (e.g. Full-Time, Half-Time, etc.)
Degrees, Honors, or other Awards received

If you wish to withhold the disclosure of all of the items of directory information, complete the form below and submit it to the Office of Records and Registration.

Once received, all directory information will be withheld until such time that you notify the Office that you wish to have the restriction removed. Please bear in mind that a restriction on disclosure of Directory Information remains in force until lifted by the student. Directory Information restrictions remaining in force post-graduation will result in the College being unable to provide information to third-parties (such as verification of degree conferral pursuant to employment consideration). Please consider very carefully the consequences of any decision you make to withhold any category of directory information, as any future request for such information from other schools, prospective employers or other persons or organizations will be refused.

Methodist College will honor your request to withhold all directory information, but cannot assume responsibility to contact you every time a request is received. Regardless of the effect upon you, Methodist College assumes no liability for honoring your instructions that such information be withheld.

STUDENT INFORMATION	N	
ID Number		
Name Last, First, Middle		
Home Address		
E-mail		
Phone #		
I have carefully read the abov permission or as permitted by		ormation not be disclosed to third parties without my written
Student Signature	Date	
Registrar Signature	Date	
ID Veriification (ID Type and Issuing Agency)		Processed by Records Office On