

Date Received:

Student Name: _____

Spelman College ID Number: _____

SPELMAN COLLEGE **INFORMATION DISCLOSURE REQUEST FORM**

The items listed below are designated as "Directory Information" and may be released in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, as Amended. Under FERPA as Amended, you reserve the right to withhold the disclosure of "Directory Information." **Please consider very carefully the consequences of your decision to withhold "Directory Information."** Should you decide to inform Spelman College not to release "Directory Information," any further request for such information from non-institutional persons or organizations will be refused. For example, the College would be unable to verify your degree, major or enrollment for possible employment, credit card applications, insurance purposes, mortgage information, apartment leases, etc. **THE REGISTRAR'S OFFICE WILL HONOR YOUR REQUEST TO WITHHOLD "DIRECTORY INFORMATION" FROM THE DATE THIS FORM IS RECEIVED UNTIL, YOU SUBMIT A SIGNED REQUEST THAT YOU WISH TO REMOVE THIS HOLD. YOU RESERVE THE RIGHT TO AUTHORIZE THE RELEASE OF INFORMATION PERIODICALLY WITHOUT REMOVING THE WITHHOLD FLAG.**

NOTE: THE WITHHOLD DIRECTORY FLAG WILL REMAIN ON YOUR RECORDS AFTER YOU LEAVE THE COLLEGE; THEREFORE, IT IS YOUR RESPONSIBILITY TO INFORM THE REGISTRAR'S OFFICE TO REMOVE THE FLAG.

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

DIRECTORY INFORMATION INCLUDES THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> Student's full name | <input type="checkbox"/> Participation in officially recognized activities and sports |
| <input type="checkbox"/> Addresses – local, permanent, | <input type="checkbox"/> Weight and height of members of athletic teams |
| <input type="checkbox"/> Telephone listings – both local and permanent | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Degrees and awards received |
| <input type="checkbox"/> Major field of study | <input type="checkbox"/> Most recent previous schools attended |
| <input type="checkbox"/> Classification | |
| <input type="checkbox"/> Photographs/video/and digital images | |

This form can be submitted to the Registrar's Office on or before the 1st official day of class of each year enrolled. We will accept the request to withhold directory information after the 1st official day of class, but cannot be responsible for the release of directory information prior to the receipt of this form in the Office of the Registrar.

◆.....
WITHHOLD DIRECTORY INFORMATION - Directory Information includes all items in the above category

_____ I wish to prevent disclosure of my Directory Information. I understand the implications of doing so.

Please Print Name: _____

Signature: _____ Student I.D. No.: _____ Date: _____

◆.....
RELEASE DIRECTORY INFORMATION

_____ I no longer wish to withhold disclosure of my Directory Information. I release the College from any responsibility to withhold "Directory Information" from the date this form is received in the Registrar's Office and; I understand the implications of doing so.

Please Print Name: _____

Signature: _____ Student I.D. No.: _____ Date: _____

◆.....
STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS/ DIRECTORY INFORMATION

_____ In accordance with FERPA (1974) as Amended, I understand that my educational records cannot be released without my written permission. I therefore request that the INFORMATION INDICATED be released to the following:

Name: _____ Relation: _____

Street Address/City/State /Zip _____

Information to be released: _____

Purpose _____

Signed: This _____ day of _____, 20_____. Signature of Student: _____