REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

TO: Registrar
Admissions & Records Office
University of Guam
Field House, 1st Floor
303 University Drive, Mangilao, Guam 96913

FROM: Student No._____

Student Name_____

Address_____

_____

Telephone_____

Email_____

Student Type: ☐ Degree-Seeking, Undergraduate (Bachelors)
(check one)   ☐ Non-Degree, Undergraduate
               ☐ Degree-Seeking, Graduate (Masters)

Effective: ☐ Fall_____   ☐ Spring_____   ☐ Summer_____

According to the Family Educational Rights and Privacy Act (FERPA) of 1974, directory information can be made available to the public without the student's permission; the following items are considered directory information:

- Student's name
- Email address
- Mailing address
- Date and place of birth
- Major field of study
- Class level

- Telephone number
- Dates of enrollment
- Full-time/part-time status
- Participation in officially recognized activities and sports
- Honors, awards, degrees completed and dates of degrees conferred
- Institutions attended prior to admission to UOG

A currently enrolled student may request that directory information be restricted by completing this form during the first two (2) weeks of any semester or during the first week of any summer term. **This request will remain in effect for this semester/term and must be renewed every semester/term** for which the student is currently enrolled.

PLEASE NOTE: WHEN YOU RESTRICT THE RELEASE OF DIRECTORY INFORMATION, NO INFORMATION WILL BE RELEASED TO ANYONE REGARDLESS OF NEED (e.g. family emergency). **In addition, other departments and offices on campus will not be able to access student records to process financial aid, employment and payroll. Student must think carefully about this option before submitting request.**

In accordance with the policy described above, I request that the release of my directory information be restricted. I understand this is effective for the current semester/term; this request must be filed no later than the first two (2) weeks of any semester or during the first week of any summer term.

Signature: _____   Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Photo Identification Verified By:_____   Date: _____
(AREC Staff: Print Name and Initial)

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