REQUEST TO WITHHOLD RELEASE OF DIRECTORY INFORMATION

The following items are designated as directory information and may be released for any purpose at the discretion of Central Michigan University:

- Name
- Local address and telephone number
- CMU email address
- Permanent address and telephone number
- Age and date/place of birth
- Major field of study
- Classification (i.e., freshman, sophomore, etc.)
- Enrollment status (full-time, part-time, etc.)
- Participation in officially recognized sports and activities
- Weight and height of members of athletic teams
- Dates of attendance and graduation
- Degrees received
- The most recent education institution attended
- Honors and awards received

Under the provisions of the Family Education Rights and Privacy Act of 1974, as amended, students have the right to withhold the disclosure of directory information.

Please consider very carefully the consequences of any decision by you to withhold directory information. CMU STAFF WILL NOT BE ABLE TO ASSIST YOU OVER THE PHONE, NOR WILL THE UNIVERSITY ACKNOWLEDGE YOUR PRESENCE AS A STUDENT TO OUTSIDE AGENCIES OR UNIVERSITY PUBLICATIONS. You will assume complete anonymity and you will have to conduct all university business in person with a photo ID or by using self-serve technology (centrallink.cmich.edu). In addition, requests for such information from persons or organizations (prospective employers, scholarship opportunities, etc.) not specifically sanctioned by University and federal regulation will be refused, regardless of the effect on you, and the University assumes no liability for honoring the request.

Central Michigan University will honor your request to withhold directory information until you request that the restriction be removed. The university will not assume responsibility to contact you for subsequent permission to release information.

☐ I would like to request non-disclosure of all directory information listed above. I understand the implications of this request and that this request to prevent disclosure of directory information remains in effect until I provide a signed Release of Directory Information form to Central Michigan University’s Office of the Registrar.

☐ Please revoke non-disclosure of directory information.

Student Name______________________________________________ Campus ID ____________________

Please print

Signature_______________________________________________ Date_____________________________

OFFICE USE ONLY

Processed by:___________ Date:_________