

PRINT NAME			
BERG I.D. NUMBER			
EXPECTED GRADUATION	TERM AND YEAR		

## Request for Non-Disclosure of Directory Information

At its discretion Muhlenberg College may provide *Directory Information* in accordance with the provisions of the *Family Educational Rights and Privacy Act*. Directory information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. Designated directory information at Muhlenberg College includes the following: student name, College mail box and telephone number, permanent address and telephone number, email address, class year, major field of study, dates of attendance, student status, degree(s) and/or awards received, participation in officially recognized College activities (including but not limited to intercollegiate athletics), height and weight of student athletes.

Students may withhold directory information by notifying the Registrar in writing; please note that such withholding requests are binding for all information to all parties other than for educational purposes. Students should consider all aspects of a *directory hold* prior to filing such a request. Requests for non-disclosure will be honored by the College until removed by the student.

**Exclusions:** Student records are accessible to members of the faculty and staff of the College who have a legitimate need to know their contents. In addition, parents who have been given access to education records by the student will have access to this information.

**Important Note:** Please be advised that once you have filed for “non-disclosure of directory information”, this block will permanently remain on your record until you request (in writing) that it be removed. You should be aware that there can be negative consequences to blocking access (i.e. we will not be able to confirm your degree to a prospective employer).

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I hereby request that my Directory Information be maintained as confidential. Effective immediately, this information should not be disclosed to individuals outside the College without my written permission.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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I hereby request that my Directory Information no longer be maintained as confidential. Effective immediately, this information may be disclosed to individuals outside the College without my written permission.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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