

STUDENT DIRECTORY INFORMATION RELEASE FORM



I. STUDENT INFORMATION

Student Name: _____

Student ID: _____

II. REQUEST TO RESTRICT STUDENT DIRECTORY INFORMATION

Under the Family Education Rights and Privacy Act of 1974 (FERPA), the following information is designated as directory information and *may* be disclosed to specified individuals as prescribed by FERPA, unless the student requests to restrict this information. Therefore, indicate below if you want to limit any of your directory information. These restrictions do not expire unless it is revoked in writing.

Choose one: Restrict **ALL** student directory information

Restrict **PARTIAL** student directory information (Check below all that apply)

Name

Dates of Attendance

University E-mail Address

Grade Level

Hometown Address

Enrollment Status

Local Address

Previous Institution Attended

Telephone Listing

Degrees and Awards Received

Date of Birth

Thesis Title

Place of Birth

Participation in official recognized sports and activities

Major Field of Study

Weight and height of members of athletic teams

III. REQUEST TO REMOVE STUDENT DIRECTORY INFORMATION RESTRICTION

Select: **REMOVE** my student directory information restriction I have on file at Texas Wesleyan University. Now your directory information *may* be disclosed to specified individuals as prescribed by FERPA.

IV. REQUIRED SIGNATURE

I understand this request supersedes any previously submitted requests for directory information restrictions or releases.

Student Signature: _____

Date: _____

This form has to be returned to the Office of Student Records in person or by e-mail at registrar@txwes.edu.

For Office of Student Records Use Only

Processed by: _____

Date: _____