



The College of William and Mary
 Office of the University Registrar
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 regist@wm.edu

REQUEST FOR CONFIDENTIALITY

SECTION A STUDENT INFORMATION

Name (Last) _____ (First) _____ (MI) _____ 930# _____
 Student ID # _____

Effective Semester and Year _____

(_____) _____
 Phone # _____

E-Mail: _____@_____

SECTION B ADDITIONAL INFORMATION

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of The College of William and Mary. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of "Directory Information."

Please consider very carefully the consequences of any decision to withhold "Directory Information." Should you decide to inform the institution not to release "Directory Information," any future request for such information from non-institutional persons or organizations will be refused unless you make an express and specific written request for each release. This includes verification of degrees earned by you at this institution.

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

Please sign the form below to indicate your disapproval for the institution to disclose the following "Directory Information":

- a. Student's name, address, telephone number, and e-mail (permanent and local)
- b. Classification
- c. Dates of attendance at the College, Major, degrees, honors and awards. Date degree earned
- d. Current Enrollment status
- e. Height and weight of members of athletic teams
- f. Participation in officially recognized activities
- g. Previous schools attended and degrees awarded

SECTION C STUDENT ACKNOWLEDGEMENT

I understand that the above listed "Directory Information" will not be released, except to The College of William and Mary school officials who have a legitimate educational interest.

Signature: _____

Date: _____

*****FOR OFFICE USE ONLY*****

Processed: Initials _____ Date _____

Classification: FR _____ SO _____ JR _____ SR _____ (NDS) _____

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