



The College of William and Mary  
 Office of the University Registrar  
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## REQUEST FOR CONFIDENTIALITY and REVOCATION OF REQUEST

### SECTION A: STUDENT INFORMATION

93# \_\_\_\_\_

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Student ID # \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Email Address Phone # Effective Date of this Request

### 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."

- a. Student's name
- b. Current Classification
- c. Address (permanent, local, and email)
- d. Previous schools attended and degrees awarded
- e. Telephone number
- f. Dates of attendance
- g. Current enrollment status
- h. Degree(s) earned and date awarded
- i. Major(s), Minor
- j. Honors or Special Recognition
- k. Height, weight, and birth date of members of athletic teams
- l. Photograph

Please consider very carefully the consequences of any decision to withhold "Directory Information." Should you decide to inform the institution not to release this information, any future request for such information from non-institutional persons or organizations will be refused unless you provide 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 Directory Information 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.

### SECTION C: STUDENT ACTION AND ACKNOWLEDGEMENT – CHECK ONE

- By my signature below, I request a confidentiality hold. I understand that the above listed "Directory Information" (including degrees earned) will **not** be released, except to College officials who have a legitimate educational interest.
- By my signature below, I am revoking my previous confidentiality hold. The College may release my directory information. I understand that I may be asked for photo ID in making this request.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

Processed: \_\_\_\_\_ Date \_\_\_\_\_ Rev: 11/2011