



William & Mary  
 Office of the University Registrar  
 Blow Memorial Hall Room 240  
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 757-221-2800 Fax (757) 221-2151  
 registrar@wm.edu

## REQUEST FOR CONFIDENTIALITY and REVOCATION OF REQUEST

**SECTION A: STUDENT INFORMATION**

Student Name (Last)	(First)	(MI)	93#	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 William & 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 name
- b. Current classification
- c. Hometown
- d. Previous schools attended and degrees awarded
- e. Dates of attendance
- f. Current enrollment status
- g. Degree(s) earned and dates awarded
- h. Major(s), Minor
- i. Scholarships, awards, honors and special recognition
- j. Height, weight, and birth date of members of athletic teams
- k. Photograph

Please consider very carefully the consequences of any decision to withhold “Directory Information.” Should you decide to inform William & Mary 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 your degrees earned, your dates of attendance, and your current status at this institution. Therefore, this decision may have repercussions for employment opportunities and in other areas as well.

William & Mary 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, William & Mary 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 university officials who have a legitimate educational interest.

By my signature below, I am revoking my previous confidentiality hold. William & Mary 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 \_\_\_\_\_ Revised:12/2018