

## REQUEST TO PREVENT DISCLOSURE OF "DIRECTORY INFORMATION" (Privacy Protection form)

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our institution.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, students have the right to withhold the disclosure of this information. Withholding the information also means student will not be listed in the online directory found in the myWSU portal.

Please consider very carefully the consequences of any decision by you to withhold "Directory Information." Should you decide to inform the institution not to release it, any future requests for such information from persons or organizations outside of WSU will be refused. This could disadvantage you should a lender, insurance company, or employer want to quickly verify your enrollment or graduation. The institution will honor your request to withhold the information listed below (on an all or none basis) but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

**Please fill in and sign the bottom of this form if you do NOT wish the institution to disclose the following public or Directory Information:**

*Name, address(es), e-mail address, telephone number(s), age in years, dates of attendance, classification (freshman, sophomore, etc.), course load (full-time, half-time, less than half-time), enrollment status (full-time, half-time, etc.), previous institutions(s) attended, major field(s) of study, awards, honors (includes Dean's list), degree(s) conferred (including dates); past and present participation in officially recognized sports and activities, physical factors (height, weight of athletes)*

Your request will be effective once we receive it and will remain in effect until cancelled by you. It cannot, however, be retroactive.



(check ONE box only, please)

- DO NOT DISCLOSE DIRECTORY INFORMATION, effective immediately.**  
(effective until cancelled)
- Please cancel earlier request to NOT disclose Directory Information.**

***Please Print!***

Last Name	First	Middle	myWSU ID
Signature			Date

BY MAIL Return to: Office of the Registrar; Wichita State University; Wichita, KS 67260-0058  
(with a readable copy of your driver's license)

IN-PERSON Return to: Office of the Registrar, 102 Jardine Hall  
(please bring your driver's license)