



REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The items listed under the **Directory Information** may be released in accordance with the **Family Educational Rights and Privacy Act of 1974 (FERPA)**, as amended. Under the provisions of FERPA, as amended, you have the right to withhold the disclosure of **Directory Information**. Please consider carefully the consequences of any decision to withhold **Directory Information**. Should you decide to inform this Institution not to release **Directory Information**, any future request for such information from non-institutional persons or organizations will be refused.

Should you decide to withhold **Directory Information**, you may authorize at a later date on a transaction-by-transaction basis the release of directory information or you may cancel withhold **Directory Information**.

Note to students about to graduate: The withhold Directory Information flag will remain on your records after graduation if you have requested that the information be withheld; we will not be able to verify your degree to potential employers.

The **College of Micronesia-FSM** will honor your request to withhold **Directory Information** listed below, but cannot assume responsibility to contact you for subsequent permission to release that information. Regardless of the effect upon you, the College assumes no liability for honoring your request for information to be withheld.

DIRECTORY INFORMATION includes the following:

1. Student's full name
2. Addresses -- local, permanent, and e-mail
3. Telephone listings, both local and permanent
4. Date and place of birth
5. Major field of study
6. Participation in officially-recognized activities and sports
7. Photographs
8. Weight and height of members of athletic teams
9. Dates of attendance
10. Degrees and awards received
11. Most recent and/or previous school attended
12. Classification
13. Enrollment status

This form should be submitted to the **Office of Admissions and Records** on or before the 12th class day of Spring and Fall Semesters, and the 4th class day of the Summer Session.

Forms will be accepted after these deadlines, but we cannot be responsible for the release of **Directory Information** prior to receiving the **Directory Information Withhold Request** in the **Office of Admissions and Records**.

DIRECTORY INFORMATION WITHHOLD/RELEASE FORM

Please check one of the categories. Fill in all the information. Sign and date.

WITHHOLD ALL DIRECTORY INFORMATION

Electing this option means that the College of Micronesia-FSM will not release any Director Information item to agencies or individuals other than those specifically excluded by FERPA. As a consequence, your name will not appear in the Commencement Exercises Program nor can your name be released to media upon the attainment of honors or degrees. Additionally, the College will not release information regarding dates of attendance, class or major.

If you have checked above, you can still release any or all of the following by checking the appropriate box. All other Directory Information items will be withheld.

- Student's full name
- Addresses -- local, permanent and e-mail
- Telephone listings, both local and permanent
- Date and place of birth
- Major field of study
- Participation in officially-recognized activities/sports
- Photograph
- Weight and height of members of athletic teams
- Dates of attendance
- Degrees and awards received
- Most recent and/or previous school attended
- Classification
- Enrollment status

From the date this form is received by the Office of Admissions and Records, we will honor your request to WITHHOLD DIRECTORY INFORMATION until you request in writing that you wish to remove the WITHHOLD DIRECTORY INFORMATION designation. You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Director Information designation.

STUDENT (Signature over printed name)

SOCIAL SECURITY NUMBER

DATE

RELEASE DIRECTORY INFORMATION

I WANT DIRECTORY INFORMATION TO BE RELEASED
 (Director Information includes all items listed above).

I no longer wish to prevent the disclosure of my **Directory Information** and release the **College of Micronesia-FSM** from any responsibility to withhold open Directory Information from the date this form is signed.

STUDENT (Signature over printed name)

SOCIAL SECURITY NUMBER

DATE

RECORDED BY **JOB TITLE** **DATE RECORDED**