

Hiram College  
Registrar's Office  
PO Box 67  
Hiram, OH 44234  
330.569.5210  
Fax: 330.569.5211

## Request to Prevent Disclosure of Directory Information

Dear Student:

The *Family Educational Rights and Privacy Act* designates certain information related to students as *directory information* (defined below) and gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that *all* such information not be made public without their written consent. The categories of directory information are listed in the Hiram College policy statement on privacy rights, a copy of which is available upon request from the Registrar's Office. If you wish to withhold the disclosure of all of the items of directory information, fill out the form below and submit it to the Registrar's Office.

Once received, all directory information will be withheld until such time that you notify the Registrar's Office in writing that you wish to have the hold removed. This means that if you have a hold on your directory information at the time you graduate or withdraw from the university that we will be unable to comply with any requests received after your departure.

Please consider very carefully the consequences of any decision you make to withhold directory information as any future requests for such information from other schools, prospective employers or other persons or organizations will be refused. Hiram College will honor your request to withhold all directory information, but cannot assume responsibility to contact you every time a request is received. Regardless of the effect upon you, Hiram College assumes no liability for honoring your instructions that such information be withheld.

.....  
I have carefully read the above and request that **all** my directory information not be disclosed to  
third parties without my written permission or as permitted by the law.  
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|                             |                   |                               |      |
|-----------------------------|-------------------|-------------------------------|------|
| LAST NAME (STUDENT)         | FIRST NAME        | SEMESTER                      | YEAR |
| ADDRESS (LOCAL / ON-CAMPUS) |                   | STUDENT IDENTIFICATION NUMBER |      |
| CITY, STATE, ZIP            |                   | DATE                          |      |
| TELEPHONE                   | STUDENT SIGNATURE |                               |      |

**Directory Information includes:**

Name, address, phone number, email address, dates of attendance, date of birth, image, previous institutions attended, major field(s) of study, degree conferred, past and present participation in officially recognized sports and activities, physical characteristics of athletes, honors and awards, and other similar information defined by the College.

Return completed form to: Registrar's Office, Teachout-Price, Hiram College