

University of West Georgia Request to Prevent Disclosure of Directory Information

To: All Students

Year 2008-2009

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, as Amended, you have the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

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 any or all of this "Directory Information," any future requests for such information from non-institutional persons or organizations will be refused.

The institution will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Also, your name will be excluded from all university publications including, but not limited to the graduation program and the Honors Day program. If a future employer requests information confirming you are or have been a student at University of West Georgia, this information will not be confirmed.

Please check (✓) the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following public or Directory Information.

Information			
Category 1:	Name	Do Not Disclose <input type="checkbox"/>	Disclose <input type="checkbox"/>
	Permanent/local/mailling addresses		
	All telephone numbers		
	Class (l. e. freshman, sophomore, etc.)		
	Dates of attendance		
	Full/part-time enrollment status		
	Degrees/awards received		
	Current major/degree		
	Previous institutions attended		
	Date and place of birth		
	Participation in university activities and sports		
	Weight and height of athletic team members		
	Photograph		
Category II:	Campus PO Box	Do Not Disclose <input type="checkbox"/>	Disclose <input type="checkbox"/>

NAME (Please print) _____

ID or SOCIAL SECURITY NUMBER _____

PERMANENT HOME ADDRESS _____

PERMANENT HOME PHONE _____ CAMPUS PHONE _____ CELL PHONE _____

@MY.WESTGA.EDU EMAIL ADDRESS _____

(You will be contacted via this email address)

SIGNATURE _____ DATE _____

If this form is not received in the Registrar's Office annually by September 15, it will be assumed that the above information may be disclosed for the remainder of the current academic year. A new form for non-disclosure must be completed each year