

**To: All Students**

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, students have the right to withhold the disclosure of the "Directory Information". The items to the right are designated as "Directory Information" by the University of West Georgia and may be released for any purpose at the discretion of the University of West Georgia.

The institution will honor your request to withhold "Directory Information" but cannot assume responsibility to contact you for subsequent permission to release them. The institution assumes no liability for honoring your instructions that such information be withheld.

**This form will remain active until revoked.**

**"Directory Information"**

1. Name
2. Address (permanent and mailing)  
*[excludes e-mail addresses]*
3. Permanent telephone number
4. Major Field of study
5. Dates of attendance
6. Previous institutions attended
7. Full/Part-time enrollment status
8. Degree/Awards received
9. Participation in University Activities and Sports
10. Weight and Height of Athletic Team Members'
11. Photographs

**Instructions:** Submit completed form in person or mail to the Enrollment Services Center (Parker Hall), University of West Georgia, 1601 Maple Street, Carrollton, GA 30118, or fax (678) 839-6439. Office hours are: Monday – Friday, 8am –5 pm.

<u>Student Information</u>		
<hr/> <p><b>Print Student's Name (Last, First, Middle Initial)</b></p>  <hr/> <p><b>Mailing Address</b> A complete mailing address is <u>required</u> by the campus post office as well as the Office of the Registrar in order to have your mail forwarded.</p>  <hr/> <p><b>City,</b> <span style="margin-left: 150px;"><b>State,</b></span> <span style="margin-left: 100px;"><b>Zip Code</b></span></p>	<hr/> <p><b>Student ID: (917...)</b></p>	

By signing below, **1) I DO NOT** wish the university to release my "Directory Information", **2) I acknowledge** that any requests for such information will be refused and my name will be excluded from all university publications including, but not limited to the graduation program and the Honors Day program, and **3) I have the right to revoke** this form at any time by submitting a signed, written statement to the University of West Georgia, Attn: Enrollment Services Center, Carrollton, GA 30118.

**Student Signature (required)**

**Date**