

Authorization To Withhold Directory Information

TO: Registrar's Office
Southern Arkansas University Tech
P. O. Box 3499
East Camden, Arkansas 71711

FROM:

Date: _____

Name of Student _____ Student SSN _____

I have reviewed my education records held within the following offices at Southern Arkansas University Tech _____

The following is considered "Directory Information" at Southern Arkansas University Tech and will be made available to the general public unless the student notifies the Registrar's office in writing.

Student's name, address, telephone number, Major field of study, date(s) of attendance, Degrees and awards received, and Most recent previous education agency or institution attended.

Under the provisions of the Family Education Rights and Privacy Act of 1974 you have the right to withhold disclosure of such directory information. Filing this form will preclude the College from releasing directory information to anyone without written consent.

Please consider carefully the consequences of any decision to withhold such directory information. Should you decide to inform Southern Arkansas University Tech not to release any of this information; any requests for such information from Southern Arkansas University Tech will be refused.

I have read this form carefully and understand the consequences of my decision to prevent release of directory information.

I understand:

- a. this prohibits Southern Arkansas University Tech from acknowledging any information regarding my enrollment, to any third party including employers, loan deferments, and requests from non-institutional persons/organizations;
- b. this suppresses information published to the Web;
- c. this does not prevent disclosure to personnel within the College or lawfully issued subpoena;
- d. that this is applicable until such time as I request that it be removed, and that I must initiate this option by filing a "Request to Release Directory Information" form with the Registrar's office.

Today's Date: _____

Student Name (please print): _____

Student SSN: _____

Signature: _____