

**Elizabethtown College
Registration & Records Office**

Request to Block (Withhold) Directory Information

Elizabethtown College, in compliance with the *Family Educational Rights and Privacy Act of 1974*, has designated the following items as **Directory Information**: name; enrollment status (e.g., undergraduate or graduate; part-time or full-time); campus box; campus e-mail address; local and home address; local and home telephone numbers (including cell phone numbers); date and place of birth; dates of attendance; class, field of study, degree; date of graduation; activities; honors; awards; participation in officially recognized sports and activities (including height and weight information of athlete); photographs; and most recently attended institution.

All items of directory information are subject to public release without prior written consent unless the student notifies the Office of Registration and Records that they do not want some or all of this information released. Please consider very carefully before requesting non-disclosure of all directory information, as this could have negative consequences at a future time. For example, non-disclosure of all directory information prevents us from confirming your degree to prospective employers, from publishing your name in the Commencement brochure, or having your name appear on a Dean's List in your local paper. If you choose to have us withhold all directory information, we will honor your request and will not assume responsibility for consequences to you that might result from this non-disclosure.

By checking one or more of the following boxes, **you request that the college withhold (i.e., not disclose) this part of your directory information.** This request to withhold directory information is in effect until you revoke it in writing.

- I request that my legal home permanent address be withheld. [Please initial below.]**
I understand that my name will not be published for achievements or accolades in printed or online media or released to any third party where address information is requested. _____
- I request that my campus address be withheld.**
- I request that my legal home permanent phone number be withheld.**
- I request that my cell phone number be withheld.**
- I request that **ALL** directory information be withheld.

If you check the last box to withhold **ALL** directory information, please initial the following statements to indicate your understanding of the consequences of withholding **ALL** directory information.

I understand that my name will not be published for achievements or accolades in printed or online media or released to any third party where address information is requested. _____

I understand that my name will not appear on a published Dean's List. _____

I understand that my enrollment status cannot be verified to an outside agency. _____

I understand that my name and address information will not appear in the student directory. _____

I understand that my degree completion cannot be confirmed with prospective employers or graduate schools. _____

Signature (indicates request to withhold all or part of Directory Information, as checked above)

Printed Name

College ID Number

Date—Valid from this date until revoked in writing by student.