

**Elizabethtown College
Registration & Records Office**

Request to Revoke a Previous Authorization

to Disclose Educational Record Information or to Withhold Directory Information

According to the *Family Educational Rights and Privacy Act of 1974*, the **Educational Record** includes various records directly related to the student and maintained by Elizabethtown College in any format (handwritten, print, magnetic tape, film, diskette, etc.). Along with Directory Information, it may include biographical data and address information; the admissions application and supporting documents; the academic record, including class schedules, grade reports and transcripts; athletic records; counseling records; disciplinary records; public information records; financial records; health records; placement credentials; campus security records; and residence life records. Education Records do not include treatment/medical records relating to treatment provided by a physician, psychiatrist, or psychologist, records maintained by campus security for the purpose of law enforcement, post-attendance records (such as information collected by the Alumni Office after graduation), or sole possession records (such as private advising notes). None of the non-directory information in the Educational Record can be released to an outside person (including a parent or guardian) or organization without a student's written consent.

Directory Information, as defined by Elizabethtown College, includes: 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; photographs; and most recently attended institution.

You have previously signed either a Request for Non-Disclosure of Directory Information or an Authorization to Disclose Educational Record Information form. Your signature(s) below signifies your authorization to REVOKE one or both of these previous requests.

Name (please print) ID Number

1. I hereby authorize Elizabethtown College to **remove the hold that I previously placed on my Directory Information.**

Signature

Date

2. I hereby authorize Elizabethtown College to **revoke my previous authorization to release information in my Education Record.**

Signature

Date