



Office of the University Registrar
 25 University Avenue, West Chester, PA 19383
 Ph: 610-436-3541
 Fx: 610-436-2370
www.wcupa.edu/registrar
registrar@wcupa.edu

WCU ID#

Required

NON-DISCLOSURE OF DIRECTORY INFORMATION REQUEST

Student Name: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, a student has the right to request an institution withhold the disclosure of the "Directory Information" listed below. This complete policy can be found in the West Chester University Graduate and Undergraduate Course Catalogs, as well as the Ram's Eye View. Completion of this form restricts the release of the information outlined below, until the student notifies the Office of the Registrar, in writing, that they would like to revoke this request.

The items listed below are designated "Directory Information" and may be released for any purpose at the discretion of our institution:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Student's name • Local and permanent address • Telephone number • Email address, which includes WCU student ID number | <ul style="list-style-type: none"> • Date and place of birth • Major field of study • Dates of attendance • Enrollment status • Expected graduation date • Degrees, awards, and honors received | <ul style="list-style-type: none"> • Most recent previous educational agency or institution attended by the student • Participation in officially recognized activities and sports • Weight and height, if a member of an athletic team |
|--|---|--|

I have carefully considered the consequences of my decision to request West Chester University withhold the above information. I understand that once submitted, this information will be restricted until I request otherwise. I accept that the university is not responsible to contact me regarding any disclosure requests received on my behalf. I further understand that the university may not be held liable for honoring this request to withhold "Directory Information."

Warning: Restricting the release of directory information means your name will not be printed in the Commencement Brochure and WCU will not be able to verify your enrollment or degree without your prior written consent.

I do not want this "Directory Information" disclosed.

Student's Signature: _____

Date: _____

IMPORTANT NOTICE: This form will be processed and posted to your record on the FRIDAY after it has been received in the Office of the Registrar. It is the responsibility of the student to file this form prior to academic publications.

Return this form to the Office of the Registrar. ***Incomplete forms will not be processed.***