

Aultman College of Nursing and Health Sciences

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The items listed under *Directory Information* may be released in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. Under the provisions of FERPA, as amended, you have the right to withhold the disclosure of *Directory Information*.

Please consider carefully the consequences of any decision to withhold Directory Information. Should you decide to inform this institution not to release *Directory Information*, any future request for such information from non-institutional persons or organizations will be refused. For example, Aultman College of Nursing and Health Sciences would be unable to verify degree, honors, major or enrollment information for possible employment, insurance purposes, scholarships, mortgage application information, apartment leases, etc.

Should you decide to withhold *Directory Information*, you may authorize at a later date, in writing, on a transaction-by-transaction basis the release of directory or non-directory information (for example, the release of a transcript for employment purposes) or you may cancel the withhold directory by signing below.

Note to graduating students: The withhold directory will remain on your records after graduation if you have requested that the information be withheld; therefore, **we will not be able to verify your degree to potential employers.** You may cancel this withhold directory information by signing the Release Directory Information below.

Aultman College of Nursing and Health Sciences will honor your request to withhold *Directory Information* and assumes no responsibility to contact you for release of information or for honoring the request for information to be withheld.

Directory Information includes the following:

- Student's full name
- Addresses-local, permanent, and email
- Telephone listings-local and permanent
- Participation in officially recognized activities
- Date and place of birth
- Major fields of study
- Dates of attendance
- Degrees, honors, and or awards received
- Grade level
- Prior last educational agency or institution attended
- Photograph

Aultman College of Nursing and Health Sciences does not allow the display of your Social Security Number (SSN), or any four or more consecutive numbers contained in your SSN, on any internet site or publicly accessible document for any purpose.

Directory Information Withhold/Release Form

Withhold Directory Information

I want **Directory Information** to be *withheld*. **Directory Information** includes all items listed above.

I understand that Aultman College of Nursing and Health Sciences will be unable to release **Directory Information** to non-institutional persons or organizations including verification of degree, major or enrollment for possible employment, insurance purposes, mortgage application information, apartment leases, etc.

I wish to prevent the disclosure of my Directory Information and understand the ramifications of doing so.

Name (print) _____

Student ID# _____ Date _____

Student Signature _____

We will honor your request to **Withhold Directory Information** from the date that this form is *received* in the Aultman College of Nursing and Health Sciences office. Completion of the form below will cancel the **Withhold Directory Information**. You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Directory designation.

Release Directory Information

I want **Directory Information** to be *released*. **Directory Information** includes all items listed above.

I no longer wish to prevent the disclosure of my **Directory Information** and release the Aultman College of Nursing and Health Sciences from any responsibility to withhold open **Directory Information** from the date this form is *received* in the College office.

Name (print) _____

Student ID# _____ Date _____

Student Signature _____

This form should be submitted to the Support Staff in the College Office on or before the 12th day of the term. Forms will be accepted after this deadline, but we cannot be responsible for the release of **Directory Information** prior to receiving the **Directory Information Withhold Form** request in the College office.

Return this form to the Aultman College of Nursing and Health Sciences, 2600 Sixth St. S.W., Canton, OH, 44710 (FAX: 330-580-6654)