Western Oregon University
Office of the Registrar

Prevent Disclosure of Directory Information

Student ID _____ **Last Name** _____ **First Name** _____

The Family Educational Rights and Privacy Act designates certain information related to students as directory information and gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that such information not be made public without their written consent.

Directory Information at Western Oregon University is:

Student's full name	Student's photograph	Place of birth
Local address and telephone	Permanent address and telephone	Billing address
Class level (freshman, sophomore, junior, senior, graduate student)	Degree, major, minor, concentration, or certificate being pursued	Dates of enrollment
Degrees, honors, & certificates applied for or awarded (& award date)	Earned credit hours	WOU Email Address (subject to restrictions under state law)
Enrollment status (full-time, half-time, less than half-time)	Whether a student has applied for graduation	Participation in official recognized activities and sports
Height & weight of athletic team members	Job title and dates of WOU student employment	Most recent educational institution attended

Preventing disclosure means that (except as otherwise allowed by law) **no** directory information will be disclosed about you to persons or organizations not affiliated with WOU, including degrees awarded, while the restriction is in effect. However, your information will be made available to school officials who may need it to notify you of academic events or to conduct official University business.

Please consider very carefully the consequences of any decision you make to withhold directory information, as any future requests for such information from other schools, prospective employers or other persons or organizations will be refused. This means that if you have a hold on your directory information at the time you graduate or withdraw from the University, we will be unable to comply with any requests for information received. WOU will honor your request to withhold all directory information regardless of the effect upon you. WOU assumes no liability for honoring your instructions that such information be withheld.

Once received, all directory information will be withheld until such time that you notify the Registrar's Office in writing, with your signature witnessed by a notary, that you wish to have the hold removed.

1. Complete this form.
2. Submit the form in-person with picture identification **or** have the form notarized for submission via mail to the Office of the Registrar, Welcome Center, Room 145, 345 North Monmouth Ave, Monmouth, OR 97361.
3. Upon submission photo identification or a notarized written request is required and will be required for all future information requests.

I have carefully read the above and request that none of my directory information be disclosed to third parties without my written permission or as permitted by law.

Student Signature _____ Date: _____

For office use only:

Date received: _____ SPAIDEN ☐ Initials: _____ Date processed: _____