



**REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION**

As a student you have certain rights provided by the federal Family Educational Rights and Privacy Act (FERPA). According to FERPA, educational entities have the right to disclose certain "directory information." This "directory information" includes student's name, local and permanent address, telephone number, WTAMU e-mail address, date and place of birth, major field of study, classification, participation in officially recognized activities and sports, height and weight if a member of an athletic team, date of attendance, degrees, awards and honors received, enrollment status (full-time, part-time, undergraduate, graduate), and the most recent educational institution attended.

YOU as a student have the right to request this information not be released. Should you decide to withhold directory information, any future request for such information from non-institutional persons or organizations will be refused. Withholding directory information will prevent us from updating the National Student Clearinghouse and the National Student Loan Database with your enrollment and graduation information. You may authorize release of information on a case-by-case basis by providing written permission and you may cancel the withholding of your directory information in the future if you so desire.

**Please indicate your preference.**

<p><b>WITHHOLD DIRECTORY INFORMATION</b></p> <p>I want directory information to be withheld. I wish to prevent the disclosure of my directory information and understand the ramifications of doing so.</p> <p>NAME (print _____)</p> <p>WTAMU ID# _____</p> <p>Signature _____</p> <p>Date _____</p>	<p><b>RELEASE DIRECTORY INFORMATION</b></p> <p>I no longer wish to prevent the disclosure of my directory information and release West Texas A&amp;M University from any responsibility to withhold directory information from the date this form is received in the Office of the Registrar.</p> <p>NAME (print _____)</p> <p>WTAMU ID# _____</p> <p>Signature _____</p> <p>Date _____</p>
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This form should be signed in the presence of Office of the Registrar staff in Old Main 103 or submitted from your student email account. If you prefer to fax or mail the form, you must sign the form in the presence of a Notary Public.

State of Texas  
County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature

Submit form the Office of Registrar as pdf to: registrar@wtamu.edu or fax 806-651-4949