

**COLLEGE OF CHARLESTON
FERPA DIRECTORY INFORMATION OPT-OUT FORM**

Name (Printed) _____ Student ID: _____

NOTICE OF DIRECTORY INFORMATION

In accordance with the *Federal Educational Rights and Privacy Act of 1974 (FERPA)*, as amended, a student's education records are maintained as confidential by the College of Charleston and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. The law, however, does allow the College to release student "directory information" without obtaining the prior consent of the student. At the College of Charleston we consider "directory information" to be those items of information listed below in this Form. If you do not want the College to release your directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the Form below. This Form must be received in the Registrar's Office on or before the tenth class day of the fall and spring semesters, or the fifth class day in the summer term in order for it to be applicable to that semester/term and for subsequent periods of time. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting the revocation section of this Form to the College Registrar.

TO: College of Charleston Registrar

I request the withholding of the following personally-identifiable information that the College of Charleston has identified as Directory Information under FERPA. I understand that upon submission of this Form, the information checked cannot be released to third parties without my written consent or unless the College is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time the Registrar receives my Form until my opt-out request is rescinded. I further understand that if directory information is released prior to the Registrar receiving my opt-out request, the College may not be able to stop the disclosure of my directory information.

CHECK ALL BOXES THAT APPLY

ALL INFORMATION IDENTIFIED BELOW

- | | | |
|---|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Local Address | <input type="checkbox"/> Permanent Address |
| <input type="checkbox"/> Local telephone listing | <input type="checkbox"/> Permanent Telephone Listing | <input type="checkbox"/> Campus e-mail address |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Date of birth | <input type="checkbox"/> Place of birth |
| <input type="checkbox"/> Major field(s) of study | <input type="checkbox"/> Class standing (<i>e.g.</i> sophomore) | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Degree(s) received | <input type="checkbox"/> Awards and honors received | <input type="checkbox"/> most recent institution attended |
| <input type="checkbox"/> Enrollment Status (<i>e.g.</i> undergraduate, graduate, full-time, part-time) | | |
| <input type="checkbox"/> Participation in officially recognized activities and sports | | <input type="checkbox"/> Weight / height of members of athletic teams |

Signature: _____

Date: _____

For Official Use Only

Form Received by: _____ Date: _____

RESCISSION OF OPT-OUT REQUEST

I, the above named student, hereby rescind my request to opt-out from the release of directory information.

Student Signature: _____ Date: _____

For Official Use Only

Form Received by: _____ Date: _____