

SUNY POTSDAM
REQUEST TO WITHHOLD RELEASE OF DIRECTORY INFORMATION

Printed Name _____

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

Under the provision of the Family Educational Rights and Privacy Act of 1974 (FERPA), you have the right to withhold the disclosure of all the Directory Information listed below, except to authorized representatives of federal and state supported programs, officials at SUNY Potsdam or other institutions where you might seek enrollment who have a legitimate educational interest, or organizations providing financial aid:

student's name, date and place of birth, address, telephone number, email address, previous institution(s) attended, dates of attendance, enrollment status (full/part time), class standing, major field of study, academic honors or awards received, past and present participation in officially recognized sports or activities, physical factors (height, weight of athletes), and degrees conferred (including dates).

Please consider very carefully the consequences of any decision by you to withhold Directory Information. Should you decide to inform the institution not to release any of this information, any future requests for such information from non-institutional persons or organizations will be refused. **This request must be filed by September 1 in order for Directory Information to be excluded from the Campus Directory printed for the upcoming academic year.**

SUNY Potsdam will honor your request to withhold Directory Information until written consent is received from you to release it. Regardless of the effect upon you, SUNY Potsdam assumes no liability for honoring your instructions that such information be withheld.

Signed _____

ID# _____ Date _____

To request removal of the “Request to Withhold Directory Information”, a signed release must be presented to the Registrar.