



Request to Prevent Disclosure of Directory Information

STUDENT ADMINISTRATIVE SERVICES

Potsdam Campus: PO Box 5575, Potsdam, NY 13699-5575 | (315) 268-6451

Capital Region Campus: 80 Nott Terrace, Schenectady, NY 12308 | (518) 631-9835

Those items listed below are designated as directory information and may be released for any purpose at the discretion of our institution. Under the provisions of the *Family Educational Rights and Privacy Act of 1974*, you have the right to withhold the disclosure of any or all of the categories of directory information listed below.

Please consider very carefully the consequences of any decision to withhold directory information. Should you decide to inform the institution not to release any or all of this information, any future requests for such information from non-institutional persons or organizations will be refused.

Clarkson University will honor your request to withhold any of the categories listed below, but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of this effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Student Name

Student ID Number

Please mark the appropriate boxes and sign below to indicate you wish the University to withhold the disclosure of the following directory information:

Category I - Academic

- Major(s)
- Dates of Enrollment
- Degree(s) received
- Honors(s) received
- Academic level (junior, senior, etc)
- Withhold ALL from Category I**

Category II – Personal

- Local address & phone number
- Home address & phone number
- Clarkson email address
- Student ID photo
- Withhold ALL from Category II**

Category III – Athletic Participation

For members of athletic teams only:

- Participation in officially recognized sports and activities
- Height and Weight
- Hometown and High School
- Date of Birth
- Withhold ALL from Category III**

Comprehensive Information Hold (*requires conversation with the Registrar*). By checking this box, and signing below, you request that Clarkson University does not release ANY information about you, even the fact that you are attending the University. Your signature on this form acknowledges that this directive may have a negative impact on your ability to obtain health insurance or employment.

This hold will remain in effect (even after you leave the University) unless a subsequent written request to change or release the hold is submitted. This may impact future verification of enrollment or graduation by perspective employers.

Student Signature

date

Registrar Signature

date