



FERPA Full Privacy/Nondisclosure of Directory Information Request

This form must be completed in person with a photo ID with the Office of the Registrar.

Under the provisions of the Family Education Rights and Privacy Act of 1974 (the "Buckley Amendment"), you have the right to have directory information withheld from the public. If you do not submit this form, only the following items designated as directory information may be disclosed to all inquirers.

- Student name.
- Email address.
- Address.
- Majors, minors, and field of study.
- Telephone number.
- College-recognized degrees, honors, and awards received.
- Enrollment status.
- Photos and videos taken or maintained by the College.

Considerations

1. Please consider the consequences of withholding directory information. Should you do this, any future requests for such information, including the fact that you are enrolled, from persons or organizations unaffiliated with the College *will be refused*. Our response when an inquiry is received about your student record will be, "We have no information about this person."
2. The College will not contact you when a request for information is made; therefore, if you *do* wish to have information released to a specific person or organization while this request is in effect, you must establish a [Consent to Release Information Form](https://manhattantech.edu/ferpa-consent-form) (<https://manhattantech.edu/ferpa-consent-form>) for them. No information will be released to anyone, *including you*, without proof of identity.
3. The College will not print your name in graduation, honors and/or awards lists, including newspaper listings if appropriate, unless you file a second written request to cancel your privacy request at least one month prior to graduation. Since nondisclosure stays on your record until you file a written request to remove it, please be aware that this *will prevent disclosure* of your information to all prospective employers.
4. You must be a registered student during the term for which you are requesting nondisclosure of information.

This request will be honored until you file a written request for the College to cancel it.

Student name (print): _____ Student ID number: _____

Student signature: _____ Effective date: _____

PLEASE CANCEL THE ABOVE REQUEST FOR FULL PRIVACY

Student signature: _____ Effective date: _____