



University Registrar's Office Request to Prevent Disclosure

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), a student may request that directory information not be released by Suffolk University to a third party without the student's prior written consent, except where permitted by FERPA. Suffolk University has designated the following as directory information: name, address, e-mail address, telephone listing, photograph, date and place of birth, grade level, enrollment status, dates of attendance, major field of study, degrees, honors and awards received, participation in officially recognized activities and sports, height and weight of members of athletic teams, and the most recent educational agency or institution attended.

If you request that Suffolk University release no directory information without your written authorization, you should be aware of the following:

1. A third party, such as a prospective employer, will need to submit your written authorization with each request for information before Suffolk University can release or verify any information about you.
2. To avoid University non-compliance with or delay in response, you should provide written authorization to any agency, company, employer, etc. that may need to verify your enrollment or graduation information.
3. University publications, such as the commencement bulletin, will not list your name or other information about you.
4. Your name and e-mail address will not be available to other members of the University community through the University's Global Address List.
5. All requests to prevent disclosure of directory information will become effective within five (5) working days of the date the request is received by the registrar's office. All requests will remain in effect until terminated by the student. Suffolk University assumes no liability as a result of honoring your request that directory information be withheld.

Want to know more? Please visit [Student Privacy Rights](#) for the University's official FERPA policy.

By signing below, I am acknowledging that I have read and understand the notice listed above, I hereby request that no directory information to be withheld by Suffolk University.

Suffolk University ID# _____

Print your name _____

Signature _____ Date _____