

\_\_\_\_\_  
 Student's First Name and Last Name (*Print, Please*)

\_\_\_\_\_  
 Student ID Number

## AUTHORIZATION TO WITHHOLD / RELEASE DIRECTORY INFORMATION

In accordance with the provision of the Family Education Rights and Privacy (FERPA) Act, Directory Information can be released to the general public; however, students may withhold this information from being released by completing this form and returning it to the Office of the Registrar. Note, in compliance with federal regulations, there are situations in which specific information may be released to designated state, local, or government agencies, upon presentation of official documents.

Florida SouthWestern State College has designated the following as "Directory Information:"

- ◆ Student's name.
- ◆ Major.
- ◆ Date(s) of enrollment.
- ◆ Degree(s) and honors earned, with dates earned.
- ◆ Participation in officially-recognized activities or sports.
- ◆ Enrollment status (full-time/part-time).
- ◆ Previous colleges attended.
- ◆ Photographs.
- ◆ Awards.

### WITHHOLD DIRECTORY INFORMATION

I want Directory Information to be withheld. I understand this prohibits Florida SouthWestern State College from acknowledging any information regarding my enrollment to any third party including employers, insurance companies, and also, this prevents the College from publicly posting my accomplishments such as *Dean's List* as well as including my name in the commencement bulletin. I understand my name and FSW-generated email address may be used and observed by students in any course in which I am enrolled. I understand this request will be in effect until I revoke it in writing.

I hereby request that Florida SouthWestern State College not release any Directory Information from my academic records. I have read the above paragraphs and understand the consequences of my action.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

### RELEASE DIRECTORY INFORMATION

I want Directory Information to be released. I no longer wish to prevent the disclosure of my Directory Information, and I release FSW from any responsibility to withhold Directory Information from the date this form is received in the Registrar's Office.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

### For office use only

Student's ID checked.

\_\_\_\_\_  
 Initialed / Processed by:

\_\_\_\_\_  
 Date Received