

## FERPA DIRECTORY INFORMATION OPT-OUT FORM

Name (Printed) \_\_\_\_\_ Student ID: \_\_\_\_\_

### NOTICE OF DIRECTORY INFORMATION

In accordance with the *Federal Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student's education records are maintained as confidential by the College of Charleston and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. The law, however, does allow the College to release student "directory information" without obtaining the prior consent of the student. At the College of Charleston we consider "directory information" to be those items of information listed below in this Form. If you do not want the College to release your directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the Form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting the revocation section of this Form to the College Registrar or until the student leaves the College.

#### **TO: College of Charleston Registrar**

I request the withholding of the following personally-identifiable information that the College of Charleston ("College") has identified as Directory Information under FERPA. I understand that upon submission of this Form, the information listed cannot be released to third parties without my written consent or unless the College is required by law or permitted under FERPA to release such information without my prior written consent; and that the directory information will not otherwise be released from the time the Registrar receives my Form until the opt-out request is rescinded. I understand that I may not opt out of use of my student ID number because it is necessary identifying information for the College. I further understand that if directory information is released prior to the Registrar receiving my opt-out request, the College may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my directory information is used by contacting the Registrar's Office at the College.

ALL INFORMATION IDENTIFIED IS DIRECTORY INFORMATION:

Student Name	Mailing Address	College-issued e-mail address
Major field(s) of study	Dates of attendance	Awards and honors received
Degree(s) received	Class standing (e.g. sophomore, junior, etc.)	
Image/photograph of student (includes images from college yearbooks, CofC publications and other official CofC marking media only)		
Enrollment status (e.g., undergraduate, graduate, full-time or part-time)		

For Official Use Only

Form Received by: \_\_\_\_\_ Date: \_\_\_\_\_

### RESCISSION OF OPT-OUT REQUEST

**I, the above named student, hereby rescind my request to opt-out from the release of directory information.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

Form Received by: \_\_\_\_\_ Date: \_\_\_\_\_