

FLORIDA NATIONAL UNIVERSITY
FERPA DIRECTORY INFORMATION OPT-OUT FORM

NOTICE OF DIRECTORY INFORMATION OPT OUT

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential 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 schools to release student "directory information" without obtaining the prior consent of the student. If you do not want the release of certain types of 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 a revocation of the opt out to the School.

TO: Florida National University

I request the withholding of the following personally-identifiable information identified as Directory Information under FERPA. I understand that upon submission of this Form, the information checked cannot be released to third parties without my written consent or unless the School is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time the School receives my Form until my opt- out request is rescinded.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 School. I further understand that if directory information is released prior to the School receiving my opt- out request, the School 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 Campus Dean.

Name (Printed) _____ Student ID #: _____

CHECK HERE TO OPT OUT OF ALL DIRECTORY INFORMATION IDENTIFIED BELOW

or CHECK THE INDIVIDUAL BOXES BELOW TO SELECTIVELY OPT OUT OF INFORMATION SHARING

- Student's full name
- Address (any on file, including any campus computer network (IP) address used)
- Telephone listing (any on file)
- Electronic mail address (any on file)
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended

Signature: _____

Date: _____

If under 18, a parent or guardian must sign to opt the student out.