



Academic Records/Registrar's Office

**** FERPA NON-DISCLOSURE OF DESIGNATED DIRECTORY INFORMATION ****

Name: _____ UAPB ID/SSN: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail Address _____

The Family Educational Rights and Privacy Act (FERPA) permits the release of Directory Information about a student to third parties outside the institution without the student's written consent, as long as the student has been given the opportunity to opt out of such disclosure. Students may withhold the disclosure of Directory Information by completing this form and presenting it to the Academic Records/Registrar's Office prior to the last day to complete registration for each fall/spring semester. A request to withhold disclosure of Directory Information is effective for one semester.

By signing this form, I request the withholding of the following information which the University of Arkansas at Pine Bluff has designated as Directory Information:

- Name, address, electronic mail address, telephone number, dates of attendance, and classification.**
- Previous institution(s) attended, major field of study, awards, honors (includes Dean's list), degree(s) conferred (including dates), and University taken photographs for institutional marketing and historical purposes.**
- Past and present participation in officially recognized sports and activities, physical factors (height/weight of athletes), date and place of birth, and photograph of student.**

I have read this form carefully and understand the ramifications of my decision to prevent release of any of my Directory Information. I understand that upon submission of this form, information that identifies me and that the University has designated as Directory Information cannot be released to any third parties (including but not limited to parents, potential employers, insurance agencies, providers of non UAPB scholarships and financial institutions) without my written consent (unless the disclosure is allowed by one or more exceptions provided by FERPA).

Signature: _____ Date: _____

**Complete this section only if you wish to revoke an earlier signed
FERPA NON -DISCLOSURE OF DESIGNATED DIRECTORY INFORMATION form.**

I wish to revoke my request to withhold the disclosure of Directory Information effective immediately.

Signature: _____ Date: _____

Return form to:

**Academic Records | Mail Slot 4983 - 1200 North University Drive | Pine Bluff, AR 71603
Phone (870) 575-8487 Fax (870) 575-4608 (Please call the general number for instructions on e-mailing this form.)**