

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of Colorado School of Mines. Under the provisions of the Family Education Rights and Privacy Act of 1974, also known as the Buckley Amendment, you have the right to withhold the disclosure of all of your Directory Information.

By signing this form, you are obligating Colorado School of Mines NOT to release any Directory Information. Any request from a third party, including loan and insurance companies, will be refused. Your information will remain private, releasable only with your express consent by signature. The Registrar's Office will not acknowledge that you are even a student.

Please consider carefully the possible effects of withholding disclosure of information. By signing below, you indicate your desire that Colorado School of Mines not release any information concerning your record, including Directory Information.

This form must be turned in at the Registrar's Office by the end of the second week of classes for the Fall semester in which the student is enrolled in order that the student's information not be printed in the Student Directory. Until this form is received in the Registrar's Office, Directory Information may be released.

Directory Information:

Name	Full/Part-time Status
Current address and phone number	Degrees awarded
Permanent address and phone number	Last school attended
Date of birth	Participation in officially recognized activities and sports
Major field of study	Class (FR, SO, JR, SR, Graduate Student)
Dates of attendance	Academic Honors

By signing this you also understand that some information may be available to other class members and the professor in courses that use the Blackboard system. In order to participate in these classes, it is necessary that your name be visible to other members of the class and the faculty member only.

Printed Name: _____

Student Signature: _____

Campus Wide ID Number (CWID): _____

Date: _____

REVOCATION

By signing below, I revoke my request to make my records private under FERPA. My records will revert to normal status, allowing normal disclosure of directory information and disclosure to parties allowed under FERPA.

Printed Name: _____

Student Signature: _____

Campus Wide ID Number (CWID): _____

Date: _____