REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

To: All Students

From: The Registrar's Office

Bluffton University has designated the following items as Directory Information: student name, campus address, home address, campus telephone number, home telephone number, e-mail address, date and place of birth, major field(s) of study, class standing, full or part-time status, hours registered, hours completed, class schedule, participation in officially recognized activities and sports, weight and height of members of athletic teams, photograph, dates of attendance, degrees and awards granted, date of graduation, and previous schools attended. Bluffton College may disclose any of those items without prior written consent unless notified in writing to the contrary.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of any items of Directory Information. To authorize Bluffton University to withhold specific items of Directory Information, indicate the information to be withheld, sign and date the request and submit it to the Registrar's office. This will remain in effect until we are directed otherwise in writing.

Please consider very carefully the consequences of a decision to withhold any item from Directory Information. Should you decide to request that Bluffton University not release certain items of Directory Information, requests for such information from individuals or organizations outside Bluffton University will be refused. This information could then only be released to a specific individual or organization with your written permission.

Bluffton University will honor your request to withhold any of the items listed below, but cannot assume responsibility for subsequent permission to release them. Regardless of the effect upon you, Bluffton University assumes no liability for honoring your instructions that such information be withheld.

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PLEASE WITHHOLD DISCLOSURE OF THE FOLLOWING DIRECTORY INFORMATION:

Student Name (please print): ____________________________ Date: ________________

Student Signature: ________________________________

If this form is not received in the Registrar's Office by October 1, it will be assumed that the above information may be disclosed until directed otherwise in writing. A new form requesting non-disclosure may be completed at any time.