



Directory Information Opt-Out Form

Student ID _____ Name (print) _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), Athens State University designates certain information items as "Directory Information" (see the University's Privacy of Student Records policy) which may be released without obtaining prior consent of the student. If you do not want the University to release Directory Information without your prior consent, you may choose to "opt-out" of this exception by completing and submitting this form within the first 15 days of the start of a semester. Once submitted, the opt-out will remain in effect until you complete and sign the rescission section of this form.

The decision to opt-out should be considered carefully. Once you decide to restrict disclosure of Directory Information, any future requests for such information from persons or organizations outside the University will be refused.

The University assumes no liability for honoring your request that Directory Information be withheld.

By checking this box and signing below, I request that the University withhold the release of all types of Directory Information to any third parties until such a time as I choose to rescind this opt-out request.

Signature (required) _____ Date _____

Rescission of Opt-Out Request

By signing and dating below, I hereby rescind my request to opt-out from the release of directory information.

Signature (required) _____ Date _____

For Office of Student Records Use Only

Form received by _____ Date _____