Request to Suppress Directory Information

University of Central Missouri - Office of the Registrar - Ward Edwards, Suite 100
(660) 543-4900; fax (660) 543-8400; registrar@ucmo.edu; www.ucmo.edu/registrar

The University of Central Missouri (UCM) complies with the federal *Family Educational Rights and Privacy Act of 1974* and FERPA’s implementing regulations. Information about the University’s FERPA compliance is available on the Registrar’s website at: ucmo.edu/registrar/ferpa.

Under the provisions of FERPA students have the right to withhold disclosure of directory information.

**Read and check each item below:**

☐ I understand that no information will be released about me to third parties without my signature and that this means that I will not be able to call and receive my own information over the phone. Information about me will only be released to me in person, via my UCM e-mail account, or after my identity has been verified.

☐ I understand that if I decide to suppress the release of this information, any requests for such information from UCM will be refused. **This includes, but is not limited to:** prospective employers; the printed commencement program; submissions to hometown newspapers regarding Dean’s List designation or graduation announcements; requested lists of students for consideration for scholarships, memberships, etc.

☐ I understand that signing this form does not limit access to my record by authorized individuals at UCM or those contracted to provide services to UCM and that my directory information may still be released by subpoena with appropriate documentation or in instances deemed necessary for health and/or safety emergencies.

☐ I understand that this request will be honored, even if I am no longer enrolled at UCM, until the Office of the Registrar receives written authorization from me to revoke this request.

**I hereby request the University of Central Missouri not release any directory information from my records. I have read the above information and understand the consequences of my actions.**

Are you a regular UCM employee (not including student workers) or a Graduate Assistant?*  ☐ Yes ☐ No

*Employee contact information for GAs and regular university employees will still be available in the online Faculty and Staff Directory and may not be made private.

Student ID number: 700________________________ Phone Number: _______________________________

Printed Student Name:__________________________________________________________

Student Signature:_________________________________________________________ Date: ________________

**Return completed form to the Office of the Registrar:**

By mail or in person to Ward Edwards 1000, Warrensburg, MO 64093; or by e-mail to registrar@ucmo.edu or fax to (660) 543-8400

For Office Use Only: Scanned into Xtender and entered SPACMNT comment code of (circle one): 101 or 506

Processed by: ____________________________ Date: ____________________________