North Dakota State College of Science
Restrict Directory Information Form

Under the Family Educational Rights and Privacy Act, students have the right to request directory information not be made public by notifying NDSCS Enrollment Services office located in Haverty Hall 105/106. Students should be aware that information might be collected for use in publications in advance of printing or the completion of this form or prior to the student restricting information through the Campus Connection. In order to effeicitvely suppress releases of directory information, students must restrict their directory information by the tenth day of the term and into reverse the restriction during the term. If the request is coming the tenth day of classes of any term, a student's directory information may have been released publicly in printed, electronic or other forms.

NDSCS may receive may inquires for "directory information" from a variety of sources including, but not limited to prospective employers, other colleges and universities, graduate schools, licensing agencies, government agencies, news, media, parents, friends and relatives. Students should consider vary carefully the consequences of their decision to withhold release of any or all directory information items. NDSCS has no responsibility to contact students of subsequent permission to release directory information after it is restricted. NDSCS will honor the student requests to withhold directory information until the student specifically and officially request the lift of these restrictions.

The Family Education Rights and Privacy Act (FERPA) allows students to restrict "directory information". If you wish not to have directory information, released publicly in printed, electronic, or other forms please complete the following form.

I, _____

Please Print Full Name

the undersigned, hereby authorize North Dakota State College of Science to restrict the following directory information.

Please check the information you are requesting to be restricted:

_____Names (all names on record)
_____Address (all electronic addresses on record)
_____E-mail address (all electronic addresses on record)
_____Phone number (all phone numbers on record)
_____Height, weight and photos of athletic team members
_____Date of birth
_____Place of birth
_____Major field of study (all declared majors)
_____Minor field of study (all declared minors)
_____Class level
_____Dates of attendance
_____Enrollment status
_____Names of previous institutions attended
_____Participation in officially recognized activities and sports
_____Honors/awards received
_____Degree earned (all degrees earned)
_____Date degree was earned (dates of all degrees earned)
_____Photographic, video or electronic images of students taken and maintained by the college

I acknowledge by my signature that I have requested my directory informaiton not be disclosed to anyone without my written consent. I understand this release remains in effect unless I revoke such consent in writing and the reviocation is delivered to NDSCS.

_____

Signature of Student Date Social Security or Student ID

Return this form to:
NDSCS, Enrollment Services/Records, Haverty Hall 105/106, 800 Sixth Street North, Wahpton, ND 58076-0002