FISK UNIVERSITY

DIRECTORY INFORMATION NON-DISCLOSURE FORM

Fisk University, in compliance with the Family Rights and Privacy Act of 1974, as amended (FERPA), has designated the items listed below as public information, Directory Information, which it may release as regulated under FERPA. Directory Information is defined as information which would not generally be considered harmful or an invasion of privacy if disclosed:

- Name
- Participation in officially recognized, courses, programs, and other college activities
- Address
- Telephone listing
- Weight and height of athletic team members
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- Dates of attendance
- Educational agencies or previous institutions attended

Under the provisions of FERPA, you have the right to withhold the disclosure of Directory Information. Please consider very carefully the consequences of any request by you to have this information withheld. Should you decide that Fisk University block the release of your directory information, any future requests for such information from a non-institutional person or organization will be refused. Also, your name will not be listed in University publications for presidential and provost scholars or other honors, as well as graduation programs. This request can be made at any time and will be honored by Fisk University until you request to rescind it in writing.

Fisk University will honor your request to withhold Directory Information but does not assume responsibility to contact you for subsequent permission to release this information. The University assumes no liability of honoring your instructions to block your Directory Information.

I have carefully read the above and request that the University not disclose my Directory Information to non-institutional persons or organizations without my prior written permission.

Print Name ___________________________ ID # ___________________________

Signature ___________________________ Date ___________________________

Authorization to Rescind Non-Disclosure Request

_____________________________________________________________________

Student Signature ___________________________ Date ___________________________

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. For more information on your privacy rights under FERPA see:

http://www.Fiskcc.edu/about/policies/StudRecPrivacyRights.cfm