

OFFICE OF THE REGISTRAR SALT SPRINGS ROAD SYRACUSE, NY 13214 (315) 445-4456

AUTHORIZATION TO WITHHOLD DIRECTORY INFORMATION

NAME (PLEASE PRINT)	STUDENT ID NUMBER
THE FAMILY EDUCATIONAL RIGHTS	AND PRIVACY ACT OF 1974 (F.E.R.P.A.)
Act, with which the institution intends to comply fully, was c establish the rights of students to inspect and review the educ inaccurate or misleading data through informal and formal h	Educational Rights and Privacy Act of 1974, as amended. This designated to protect the privacy of educational records, to cational records, and to provide guidelines for the correction of earings. Students also have the right to file complaints with the oncerning alleged failures by the institution to comply with the
The full FERPA policy can be found on the Registrar's web si addition, it is printed in the Student Handbook. Questions co be directed to the Registrar's Office at 445-4456.	te at: http://www.lemoyne.edu/registrar/ferpa.htm. In ncerning the Family Educational Rights and Privacy Act may
The following is considered "Directory Information" at Le Mounless the student notifies the Office of the Registrar in person we will not release this information for commercial purposes	n or in writing before the last day to drop classes. Please not,
Student's name, address, telephone number, major field dates of enrollment, enrollment status, level of study, v participation in extra curricular activities	d of study, achievements, degrees, academic awards or honor, veight and height if a member of athletic teams, and
Under the provisions of the Family Educational Rights and P such Directory Information. Le Moyne College will honor yo	rivacy Act of 1974 you have the right to withhold disclosure of ur request to withhold Directory Information.
Please consider carefully the consequences of any decision to to release any of this information, any requests for such information.	withhold such Directory Information. Should you decide not mation from Le Moyne College will be refused.
This signed request must be received in the Office of the Region Academic Calendar. This authorization is valid until a written	strar by 4:45 p.m. on the last day to drop classes as listed in the n request to rescind is received by the Office of the Registrar.
I hereby request that Le Moyne College not release any Direct above paragraphs and understand the consequences of my ac	
STUDENT'S SIGNATURE	DATE
STUDENT S SIGNATURE	DATE