**CHEYNEY UNIVERSITY FERPA DIRECTORY INFORMATION OPT-OUT FORM**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF DIRECTORY INFORMATION OPT OUT**

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student’s education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student’s prior written consent.

The law, however, does allow schools to release student “directory information” without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to “opt-out” of this FERPA exception by signing the Form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting a revocation of the opt out to the School.

I request the withholding of the my personally-identifiable information listed below that Cheyney University has identified as Directory Information under FERPA.

Student name ▪ Address ▪ Telephone numbers(s) ▪ E-mail address ▪ Place of birth▪ Photographs ▪ Major and other fields of study ▪ Dates of attendance ▪ Enrollment status (e.g. full-time, part-time) ▪ Class level (e.g. Freshman, Sophomore) ▪ Previous institutions attended ▪ Awards and Honors

I understand that upon submission of this Form, my information cannot be released to third parties without my written consent or unless the College is required by law or permitted under FERPA to release such information without my prior written consent; and that directory information will not otherwise be released from the time the Office of Enrollment Services receives my Form until the opt-out request is rescinded. I understand that I may not opt out of use of my student ID number because it is necessary identifying information for the College. I further understand that if directory information is released prior to the Office of Student Services receiving my opt-out request, the College may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my directory information is used by contacting the Office of the Registrar at the College.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT PRINT NAME** **STUDENT SIGNATURE** **DATE**

**For official use only:**

**FORM RECEIVED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESCISSION OF OPT-OUT REQUEST**

**I, the above named student, hereby rescind my request to opt-out from the release of directory information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT PRINT NAME**

**For official use only:**

**FORM RECEIVED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CU Forms 2/10/2020**