

**MURRAY STATE UNIVERSITY**  
**REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION**

Full Name \_\_\_\_\_ M# \_\_\_\_\_

The items listed below are designated as "Directory Information" and *may* be released for any purpose at the discretion of Murray State University.

Name	Dates of Attendance
Addresses	Area/Major/Minor
Telephone Number	Classification
Email Address	Degrees (pending and awarded)
Date of Birth	Honors & Awards
Place of Birth	Most Recent Previous Institution Attended
Sports Participation	Full-time/Part-time status
Weight/Height of Athlete	Student's Photograph

Under the provisions of the Family Educational Rights and Privacy Act, you have the right to withhold the disclosure of the "Directory Information" listed above.

Please consider very carefully the consequences of any decision by you to withhold "Directory Information." Should you decide to inform Murray State University not to release this "Directory Information," any future requests for such information **from** non-institutional persons or organizations (such as insurance companies and prospective employers) will be refused. This does not, however, prevent **you** from requesting a transcript or enrollment verification in writing. The right to opt out of directory information disclosures may not be used to allow a student to remain anonymous in class.

You should be aware that this request to prevent disclosure applies only to non-university personnel; your "Directory Information" will continue to be furnished to university personnel for the purpose of conducting official university business.

Murray State University will honor your request to withhold the information items listed above but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

You must submit this form in person to the Office of the Registrar on the first floor of Sparks Hall. Photo identification will be required.

Please select one of the following:

\_\_\_\_\_ I wish to request non-disclosure of my "Directory Information." I understand that this non-disclosure remains in effect while I am enrolled and will continue after I leave the university until such time that I notify the Office of the Registrar to discontinue the non-disclosure.

\_\_\_\_\_ I wish to discontinue my request for non-disclosure of my "Directory Information."

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Received by: _____	Date: _____	Type of ID viewed: _____
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