

Directory Information Withhold Request Form

Please fill out and return this form to the Registrar's Office located in the Office of Enrollment Management at 41 Bee Street.

To: University Registrar

Subject: Student Directory Information Policy

I, _____, (PVID or CollegeNet ID _____), do hereby certify that I have read and understand the following:

1. The policies of the Medical University of South Carolina regarding "Student Directory Information"
2. The "Directory Information" section of the Family Educational Rights and Privacy Act.

I hereby request that the information designated by the Medical University as directory information be withheld under the provisions of the Family Educational Rights and Privacy Act.

The act includes a statement that if in the opinion of the university, additional information is necessary in "emergency situations to protect the health and safety of the student," the university has a right to furnish such information.

Month

Date

Year

Student's Signature

DO NOT WRITE IN THIS SPACE

Student's Name _____

Student Number _____

Date Received _____

Recorded by _____