



Attn: Registrar's Office  
2211 College View Drive  
Redding, CA 96003  
Phone: (530) 226-4111  
Fax: (530) 226-4870

**Office of the Registrar  
Request to Prevent Disclosure  
of Directory Information**

To: All Students

The items listed below are designated as Directory Information and may be released at the discretion of our institution.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of either or both of the categories of Directory Information listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of Directory Information. Should you decide to inform Simpson University not to release directory information; any future requests for such information from non-institutional persons or organizations will be refused. Your choice to withhold directory information may have unplanned consequences (such as not being listed in a campus directory, or a potential employer not being able to secure information about your major/degree).

Simpson University will honor your request to withhold any of the categories listed below 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 to withhold such information.

Please check either or both categories and affix your signature below to indicate your request for Simpson University not to disclose the following public or Directory Information. Note that a request for exclusion of *any* item in a category means that the *entire* category will be excluded.

**DO NOT DISCLOSE INFORMATION**

Print Name \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_ Category I: Name, address, e-mail address, telephone number, photograph, date and place of birth.

\_\_\_\_\_ Category II: Major field of study, class year, full-time/part-time status, participation in student activities, dates of attendance, degrees and awards, most recent institution attended, height and weight of athletic team members, intended career.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Program (circle one): UG, ASP, SGSM, CR or GR

If this form is not received in the Registrar's Office by Friday of the first week of the semester, it will be assumed that the above information may be disclosed for the remainder of the current academic year. **A new form for non-disclosure must be completed each academic year.**