

Non-Disclosure of Directory Information

Student Information (Please Print)	
Name:	Student ID:
Previous Name:	SSN (Last 4 Digits Only):
Email:	Phone Number: ()
Non-Disclosure Information	
regulations allow you, the student, to have some control	A) sets forth requirements regarding the privacy of student records. FERPA l over who is allowed to have access to your school records and personal ease see the University of North Alabama FERPA Policy.
At the University of North Alabama, the following infolisted in campus directories and publications.	rmation about a student can, by law, be released to the general public and may be
Attendance, Enrollment Status, Degree(s)/Award(s	e Listing, E-mail Addresses, Degree Program(s)/Major(s), Dates of s) Received and Date(s), High School(s) and Other Colleges and ticipation in Officially Recognized, Organizations, Activities and Sports, Photographs and Digital Imaging
	sity personnel without your written permission. By completing this form, you non-university personnel or listed in the campus directory.
authorization or in person with a form of ID; friends or	ntial status will be that you must make all address changes with a signed relatives trying to reach you will not be able to do so through the University; ed, so that if a loan company, perspective employer, family member, etc., inquir d of your attendance here.
	information item but cannot assume responsibility to contact you for or non-disclosure will remain in effect until rescinded in writing. Please conside to withhold directory information.
student's record to authorized representatives of federal	oes not prevent UNA from disclosing personally identifiable information from I, state and local agencies when that disclosure is in connection with financial aid has received, or any of the other exceptions to signed consent found in §99.31 of
Again, once you have designated a confidential class requesting that it be removed.	ssification, it will not be removed until you submit a signed authorization
Authorization – Signature	
Student's Signature:*By signing this form you authorize UNA to withhold you	Date: ur directory information according to the above information.
Official Use Only	
Processed By:Office of the Registrar	