

Student Authorization to Withhold Directory Information SUNY Plattsburgh

The following directory information by will be made available by SUNY Plattsburgh to the general public unless the student submits written authorization to withhold information to the Registrar's Office:

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| <ul style="list-style-type: none"> • Student's full name • Telephone numbers • Addresses (including email) • Photographs • Date of birth • Major • Honors • Awards | <ul style="list-style-type: none"> • Classification • Dates of attendance • Degrees conferred • Dates of conferral • Graduation distinctions • Institution attended immediately prior to admission |
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Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold disclosure of such directory information. Please consider carefully the consequences of any decision to withhold directory information (i.e., SUNY Plattsburgh cannot release *any* information about you, including but not limited to verification of degree, enrollment verification, Dean's list, etc.).

Enter the effective date for withholding information and the date you permit SUNY Plattsburgh to begin releasing information. Should you choose not to enter a release date at this time, you must then submit authorization to remove this confidentiality hold on your record in writing accompanied by a copy of official identification (e.g., driver's license, passport, college ID, etc.).

Hold Effective Date: _____ Hold Release Date: _____

REQUEST:

Student must provide proof of identification (e.g., copy of driver's license, passport, etc.).

I hereby request SUNY Plattsburgh to not release directory information. I understand the consequences of this request.

I hereby rescind my previous request to SUNY Plattsburgh to withhold directory information. *(Complete if this request is earlier than the date listed above.)*

Student's Signature Date

Student's Name – Print last name, first name, MI Date of Birth Student's ID

Mail to:
Registrar's Office
SUNY Plattsburgh
101 Broad Street
Plattsburgh, NY 12901
FAX: 518-564-4900

FOR OFFICE USE ONLY
Processed by: _____
Office: _____
Date: _____
<i>Submit form to the Registrar's Office after request has been processed.</i>