



FERPA: Directory Information Opt Out Request

Office of the Registrar
8401 S. Chambers Road
Parker, CO 80134

Phone: (720) 874-2455
E-mail: registrar@rvu.edu
Fax: (720) 874-2452

Please complete and submit this form to the Registrar's Office if you would like Rocky Vista University to refrain from releasing directory information.

Student ID#: _____ Degree Program: _____

Student Name: _____

The items listed below are designated as *directory information* and may be released for any purpose at the discretion of Rocky Vista University.

Under the provisions of the Family Educational Right and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of any or all 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 complete this request, any future requests for such information from non-institutional persons or an organization will be refused.

Rocky Vista University will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permissions to release them. Regardless of the effect upon you, Rocky Vista University assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate boxes and sign below to indicate your disapproval for Rocky Vista University to disclose the following directory information.

CATEGORY A	CATEGORY B	CATEGORY C
<input type="checkbox"/> All of this category <input type="checkbox"/> Name <input type="checkbox"/> Mailing address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail address <input type="checkbox"/> Dates of Attendance	<input type="checkbox"/> All of this category <input type="checkbox"/> Previous institution(s) attended <input type="checkbox"/> Program/major field of study <input type="checkbox"/> Awards received <input type="checkbox"/> Degree(s) conferred	<input type="checkbox"/> All of this category <input type="checkbox"/> Date and place of birth <input type="checkbox"/> Participation in officially-recognized activities (past and present)

Student Signature: _____ Date: _____

For office use only

Date Received:	Processed By:
Date Processed:	Notification Sent: