



**NON-DISCLOSURE OF DIRECTORY INFORMATION REQUEST FORM**

**THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974**

This act affords the student certain rights with respect to their educational records. Under this act, the student has the right to inspect and review their educational record; they also have the right to request an amendment to those records that the student believes are inaccurate or misleading. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office (FERPA) concerning alleged failures by the College to comply with the Act.

The entire policy can be found on the College Website at [www.trocaire.edu/my/registration/ferpa](http://www.trocaire.edu/my/registration/ferpa), in the Student Handbook, College Catalog or at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>.

**AUTHORIZE THE WITHHOLDING OF DIRECTORY INFORMATION**

Trocaire College designates the following items as DIRECTORY INFORMATION that may be released to the general public without consent: *student name, address, e-mail address, telephone numbers, photograph, date and place of birth, major field of study, grade level, name of academic advisor, participation in officially-recognized activities, dates of attendance, enrollment status, degrees, date of graduation, honors and awards received, and most recent previous school attended.*

Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right to withhold the disclosure of such Directory information. Withholding Disclosure also includes degree verifications from potential employers and enrollment verification to lenders. Please consider carefully the consequences of any decision to withhold such Directory information. Should you decide to withhold disclosure, Trocaire College will refuse all requests for such information.

**Please note:** You are *not* required to sign this form, however not doing so allows your Directory information to be released when requested. Once signed, this authorization will remain valid until written notice to rescind is received in the Registrar's office.

Student Name: \_\_\_\_\_ Trocaire College ID: \_\_\_\_\_  
*(please print clearly)*

Check (✓) only those that apply:

\_\_\_\_ Please WITHHOLD my information from the directory.

\_\_\_\_ Please REVERSE my request to withhold my information from the directory.

I understand the implications of withholding / reversing my information from the Directory. I acknowledge that this consent will be in effect and honored until I revoke this authorization in writing.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**