



REQUEST TO WITHHOLD DIRECTORY INFORMATION

Registrar's Office
4004 N. Webb Rd, Bldg. 100
Wichita, KS 67226

Phone: (316) 677-9400 Fax: (316) 462-5990

E-mail: registrarsoffice@wsutech.edu

At WSU Tech, the following information is considered directory information and can, by law, be released to the general public at WSU Tech's discretion:

Name, dates of attendance, classification, major/degree program of study, awards, honors, degrees conferred (including dates), and past and present participation in officially recognized activities.

No other student information is released to non-college personnel without your written permission. Under the provision of the Family Education Rights and Privacy Act of 1974, you have the right to withhold disclosure of such directory information and WSU Tech will honor your request. By completing this form, you will be requesting that directory information not be released to non-college personnel. You must show a valid government issued photo ID when submitting this form.

Please Note: Request to withhold directory information does not prevent WSU Tech from disclosing personally identifiable information from a student's record to authorized representatives of federal, state and local agencies when the disclosure is in connection with financial aid for which the student has applied or which the student has received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

Please consider carefully the consequences of any decision to withhold such directory information. Should you decide not to release any of this information, any third party requests for such information from WSU Tech will be refused.

Once you have chosen to withhold directory information and designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

I hereby request WSU Tech not release any directory information from my academic records. I have read the above paragraphs and understand the consequences of this action.

Name (Last, First, Middle Initial)

Social Security Number

Date of Birth

Student's Signature

Date

OFFICE USE ONLY

To be filled out by Registrar's Office Representative:

SPAIDEN - Confidential box CHECKED SPACMNT comment

Date form received

Registrar's Office Personnel Signature