THE CITY UNIVERSITY OF NEW YORK
DIRECTORY INFORMATION NON-DISCLOSURE FORM

This form must be filed with the Registrar's Office if you do not wish any or all directory information disclosed without your prior consent. Directory information otherwise may be made available to any parties deemed to have a legitimate interest in the information. The instructions on this form may be changed at any time by filing a new form with the Registrar's Office. You should initial the appropriate spaces.

Name of student: ________________________________________________________

Student ID number: _____________________________________________________

A. ______ I DO NOT WANT ANY DIRECTORY INFORMATION DISCLOSED WITHOUT MY PRIOR CONSENT. (If you initial this space you do not have to fill out the rest of this form, but must date and sign below.)

B. ______ I do not want the following categories of directory information disclosed without my prior consent. (Initial those items which you do not want released.)

____ Name.
____ Attendance dates (periods of enrollment).
____ Address.
____ Telephone number.
____ Date of birth.
____ Place of birth.
____ Photograph.
____ E-mail address.
____ Full or part-time status.
____ Enrollment status (undergraduate, graduate, etc.).
____ Level of education (credits) completed.
____ Major field of study.
____ Degree enrolled for.
____ Participation in officially recognized activities other than sports.
____ Participation in sports (teams).
____ Height if member of athletic team.
____ Weight if member of athletic team.
____ Previous school attended.
____ Degrees received.
____ Honors and awards received.

C. ______ I want my prior instructions not to release directory information withdrawn. I now authorize the college to release all of my directory information to parties with a legitimate interest.

Dated: ___________ Signed: __________________________________________

CUNY Office of General Counsel
October 11, 2000

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