



# DALLAS INTERNATIONAL UNIVERSITY

## STUDENT REQUEST TO WITHHOLD DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows Dallas International University to disclose "Directory Information" without asking students for permission. Directory information is defined by Dallas International University to include:

• Student's name	• Local address
• Telephone number	• Electronic mail address
• Major field of study	• Classification (e.g. MA, BA or Certificate)
• Enrollment status (graduate, undergraduate, part-time, full-time)	• Dates of attendance
• Expected graduate date or degree awarded date	• Thesis title
• Degrees, honors and awards received	• Photograph of the student

This information may be released in printed, electronic, or other form without prior consent of the student. If you wish to restrict directory information, please fill out the form below and submit it to the Registrar. No other student information is released to a non-institutional third party without your written consent unless otherwise permitted by federal law. Dallas International University assumes no liability for the effects of honoring your instructions to withhold information. The university will remove your confidential classification only when a written request to *rescind* that classification is submitted to the Registrar's Office.

**NOTE:** It is the student's responsibility to review the Dallas International University website, Facebook, or other school photo resources for images that may have been posted prior to this request. *FERPA Restriction is not retroactive.* Once a Catalog has been published, we cannot easily remove photos that were not restricted at the time of printing. Any identified images should be brought to the attention of the Registrar.

**I have read the above paragraphs and understand the consequences of my action. I hereby request that Dallas International University:**

- restrict release of **PHOTO ONLY.**
- restrict release of **ALL directory information.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Student's Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Local Phone: \_\_\_\_\_

**Return completed form to the Office of the Registrar.**

Dallas International University, 7500 W. Camp Wisdom Road; Dallas, TX 75236  
Phone: 972-708-7536 ● FAX: 972-708-7396 ● Email: registrar@diu.edu