Southern New Hampshire University

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

Authorization to Prevent Disclosure of Directory Information

Student Name:_____
First Middle Last

Student ID:_____

At Southern New Hampshire University the items listed below are designated as "Directory Information" under the Family Educational Rights and Privacy Act (FERPA):

- Student's name and address
- Dates of attendance
- Degrees and awards received
- Major field of study
- Full-time/part-time status
- Class (year in college/university)
- Participation in officially recognized activities and sports (including height and weight of team members)
- Most recent previous educational institution attended
- Expected graduation date

Under the provision of the Family Education Rights and Privacy Act (Buckley Amendment) students have the right to request that Directory Information be withheld from disclosure. Your signature, below, directs Southern New Hampshire University not to release this information. Any future requests for such information from non-institutional individuals or organizations will be refused.

PLEASE CONSIDER CAREFULLY THE CONSEQUENCES OF ANY DECISION TO WITHHOLD SUCH DIRECTORY INFORMATION.
This means your name will be withheld from honors lists (President's List and Dean's List), the Commencement Program and the like. Information concerning your attendance or graduation status will not be released to prospective employers.

This signed request must be returned to the Office of the Registrar. This authorization is valid until a written request to rescind is received by the Office of the Registrar.

I hereby request that Southern New Hampshire University not release any Directory Information from my academic records. I have read the above paragraphs and understand the consequences of my action.

_____ _____
Student Signature Date