

## **Please Read Carefully**

Signing the attached "Request to Withhold Directory Information" form will:

- Mean your presence on campus will no longer be acknowledged to anyone.
- Prevent campus offices from verifying **any** information regarding your record to anyone, including yourself, over the telephone or in writing without your written consent. If a call about your record is received, the following response will be given: "There is no information available on that person."
- Prevent your name from appearing in the commencement program

Consider carefully that this will stop any verification for purposes of employment, loans, credit card applications, insurance, etc. Anytime you need to contact us, it will have to be in writing or you will need to bring your I.D. to Room 1220 Old Main and inquire in person.

Students who obtain a personal electronic mail account through the University should be aware that their name, student status and e-mail address cannot be withheld from internet access.

The revocation of this restriction must be in writing. The request for revocation should include your name and E-number, your written signature and a copy of a photo identification card or drivers license, if the request is mailed to us. If you present the request in person, you will be asked to present a photo identification card or drivers license before the restriction will be removed.

If after having read this information, you still want to place a privacy restriction on your record; complete the attached form and return it to an Office of The Registrar staff member.

REQUEST TO WITHHOLD INFORMATION

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of ALL "Directory Information".

Please consider very carefully the consequences of any decision by you to withhold "Directory Information." Should you decide to inform the institution not to release this "Directory Information," any future requests for such information from you, non-institutional persons or organizations will be refused.

**Please note: Signing this form will prevent any information regarding your record being verified to anyone, including yourself, over the telephone or in writing without your written consent. It will also prevent your name from appearing in the commencement program. If you want your name to appear, you must revoke this statement, in writing, prior to the graduation application deadline for the semester in which you plan to graduate.**

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 as amended, the Eastern Illinois University policy applying to the same, and the public notice given to all students by the University, I herein request that certain information applying personally to me not be used as directory information without my prior approval.

Name under which records are to be found:

_____	_____	_____	_____
(Last)	(First)	(Middle)	(Previous Name(s))
ID# _____	Birth Date _____		

Local Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

*Note to student: If this release is being sent by mail, a copy of your photo i.d must accompany it. If presenting this document in person, bring your photo i.d. with you.*