

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

This form must be filed with the Office of the Registrar 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 Office of the Registrar. You should initial the appropriate spaces.

Name of student: \_\_\_\_\_

Last 4 of Social Security Number or University 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C. \_\_\_\_\_ I want my prior instructions not to release directory information withdrawn.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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OGC 10/00

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed for: (select semester)  FALL  SPRING  SUMMER

**Return this completed form to:  
Office of the Registrar  
Records & Transcripts  
Shuster Hall, Room 106**

