

Instructions: This form is to be used by students who wish to request the withholding of the following personally-identifiable information that Criswell College has identified as Directory Information. This form must be submitted to the Student Services Office by the last day of late registration of the semester in which it goes into effect.

Please Print Clearly

Name: _____ Student ID Number: _____

I request the withholding of the following personally-identifiable information that Criswell College has identified as Directory Information under FERPA. I understand that upon submission of this Form, the information checked cannot be released to third parties without my written consent or unless the College is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked Directory Information will not otherwise be released once the Registrar's Office receives my form and tags my account unless my opt-out request is rescinded.

I further understand that Criswell College will tag my educational records to prohibit the release of my educational records without my consent within five business days of receipt of this notification. Directory Information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting the rescission section of this Form to the Registrar's Office. I further understand that if Directory Information is released prior to the Registrar's Office receiving my opt-out request, the College may not be able to stop the disclosure of my Directory Information.

CHECK ALL BOXES THAT APPLY

☐ WITHHOLD ALL INFORMATION IDENTIFIED BELOW (all Directory Information); or

Withhold only the items checked below:

- | | |
|--|--|
| ☐ Student's name | ☐ Major field of study |
| ☐ Address listings | ☐ Candidacy for degrees/certificates |
| ☐ Telephone listings | ☐ Degrees earned and dates conferred |
| ☐ College email address | ☐ Awards and honors received |
| ☐ Date of birth | ☐ Photographic, video, or electronic images that are taken and/or maintained by the College |
| ☐ Place of birth/hometown | ☐ Participation in officially recognized activities |
| ☐ Dates of enrollment | ☐ Most recent previous educational agency or institution attended |
| ☐ Enrollment status (full-time/part-time) | |
| ☐ Classification | |

Required Signature:

Student Signature: _____ Date: _____

RESCISSION OF OPT-OUT REQUEST

I, the above named student, hereby rescind my request to opt-out from the release of Directory Information.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Opt-out Form Received: _____ Date: _____ Entered in SONIS: _____ Date: _____

Rescission Received: _____ Date: _____ Entered in SONIS: _____ Date: _____