

REQUEST FOR DIRECTORY & INFORMATION RELEASE/NON-RELEASE

Student's Legal Name (print):	FID:
Release of Student Information:	
Unless otherwise notified in writing, the	State University of New York at Fredonia has your permission to release the following name, current address, telephone number, email address, major field of study, dates of ved.
and submit it to Student Affairs. You may consider very carefully the consequences release, any and all future requests for co	on be released or reverse your decision to release it, you must complete and sign this form do this at any time and as many times as necessary. However, it is important that you of a decision to withhold "directory information." Should you select not to authorize ontact information on non-essential matters and from non-institutional persons and zations, prospective employers) will be denied.
You should also be aware that even if you the University for educational and admin	u decide to prevent release of your directory information, <i>information will be shared within</i> nistrative purposes.
Responsibilities, Regulations Governing	under the Federal Educational Rights and Privacy Act (FERPA), see <u>Student Rights and</u> <u>Student Conduct and Community Standards of Behavior</u>
	rmation, including your signature, must be included for processing.
STEP 1: Indicate your directory and inform	mation preference by checking the appropriate item:
LDO want my directory	& information released.
·	ctory & information released.
STEP 2: Please supply the following Stude	
Last/Family Name:	First Name:
FID:	
PHONE NUMBER:	EMAIL:
STEP 3: Student Signature:* *Must be an actual signature and not typ	DATE:
	Return complete and signed form to:
By Postal Mail: Student Affairs, SUNY F 14063 Via Email: student.affairs@fredon 716.673.3583	
	For Office Use Only
Scanned to OnBase in Student Affairs: D	Date:
	Date:Date:
	Date: