

**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 directory information upon request: your name, current address, telephone number, email address, major field of study, dates of attendance and degree and awards received.

If you wish to request that this information be released or reverse your decision to release it, you must complete and sign this form and submit it to Enrollment and Student Services. You may do this at any time and as many times as necessary. However, it is important that you consider very carefully the consequences of a decision to withhold "directory information." Should you select not to authorize release, any and all future requests for contact information on non-essential matters and from non-institutional persons and organizations (such as scholarship organizations, prospective employers) will be denied.

You should also be aware that even if you decide to prevent release of your directory information, **information will be shared within the University for educational and administrative purposes.**

**For a complete statement of your rights under the Federal Educational Rights and Privacy Act (FERPA), see [Student Rights and Responsibilities, Regulations Governing Student Conduct and Community Standards of Behavior](#)**

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*Please note that all information, including your signature, must be included for processing.*

**STEP 1:** Indicate your directory and information preference by checking the appropriate item:

- \_\_\_\_\_ I DO want my directory & information released.  
\_\_\_\_\_ I DO NOT want my directory & information released.

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**STEP 2:** Please supply the following Student Information:

Last/Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
FID: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**STEP 3:** Student Signature: \* \_\_\_\_\_ DATE: \_\_\_\_\_

\*Must be an actual signature and not typed information

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**Return complete and signed form to:**

**By Postal Mail:** Student Affairs, SUNY Fredonia, 702 Maytum Hall, Fredonia, NY 14063  
**Via Email:** [student.affairs@fredonia.edu](mailto:student.affairs@fredonia.edu)  
**By Fax:** 716.673.3583

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*For Office Use Only*

Copy Scanned into OnBase in ESS: Date: \_\_\_\_\_  
Original sent to Registrar: Date: \_\_\_\_\_  
Copy sent to University Police: Date: \_\_\_\_\_  
Copy provided to Student: Date: \_\_\_\_\_