MarymountManhattan

Request to Restrict Directory Information

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of student education records. Consistent with FERPA, Marymount Manhattan College will release only the student's "Directory Information." This information may be disclosed by the College without the student's consent, as indicated in MMC's FERPA policy under "Guidelines" - https://www.mmm.edu/offices/academic-affairs/privacy-policies.php

Directory information is defined as any information including, but not limited to:

- name,
- parents' names,
- address,
- telephone numbers,
- date and place of birth,
- major field of study,
- participation in officially recognized activities,
- dates of attendance,
- degrees and awards received,
- most recent previous schools or institutions, and photographs.
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Consequences of withholding directory information:

- your name will not be published on MMC's Dean's List, Commencement program, Convocation list, etc.
- MMC will not be able to disclose your enrollment or graduation status for potential employers, insurance agencies, apartment leasing agencies, credit card companies, scholarship committees, or other third party agents.
- third party agents will be informed that we have no information available about your attendance.

As you consider restricting your directory information from the public, please remember that not only can we <u>not</u> release information to a third party, the restriction applies to everyone, regardless of relationship (e.g. family members, relatives, or friends) and regardless of the need (e.g., family emergency, etc.).

By completing this form, you hereby withdraw the right of Marymount Manhattan College to disclose directory information regarding your account. This request will remain in effect **<u>permanently</u>** until revoked in writing by you.

Student ID #: _____

_____ _____ _____
Last Name First Name Mi

☐ **I have carefully read the above information, and I authorize the Marymount Manhattan College to restrict the disclosure of my Directory Information (listed above).**

_____ _____
Student Signature (blue or black ink only - Digital *signature or typed font is not acceptable)* **Date**

<u>Rescission of Opt-Out Request</u>

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

Print Name_____ Student Signature_____
(Note: Digital signature or typed font is not acceptable)

Date: _____

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