

**FERPA OPT-OUT Directory Information Form**  
 Office of the Registrar

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**NOTICE OF DIRECTORY INFORMATION OPT OUT**

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student’s education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student’s prior written consent. The law, however, does allow schools to release student “directory information” without obtaining the prior consent of the student. If you do not want the release of certain types of directory information without your prior consent, you may choose to “opt-out” of this FERPA exception by signing the Form below. 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 a revocation of the opt out to CHSU.

**TO: California Health Sciences University (CHSU)**

I request the withholding of the following personally identifiable information 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 CHSU 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directory information will not otherwise be released from the time CHSU receives my Form until my optout request is rescinded. I understand that I may not opt out of use of my student ID number because it is necessary identifying information for CHSU. I further understand that if directory information is released prior to CHSU receiving my optout request, CHSU may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my directory information is used by contacting CHSU.

**CHECK HERE TO OPT OUT OF ALL DIRECTORY INFORMATION IDENTIFIED BELOW**

or

**CHECK THE INDIVIDUAL BOXES BELOW TO SELECTIVELY OPT OUT OF INFORMATION SHARING**

Item	✓	Item	✓
Name		Enrollment Status	
E-mail Address		Dates of Attendance	
Permanent or Home Address		Clubs and/or Organization Memberships	
Telephone Listing(s)		Degree	
Photograph		Honors and Awards	
Field of Study		Most Recent Institution Attended	
Classification (e.g., Class of, Graduate)		Class Standing (e.g., P1, OMS-I)	

Student Signature: \_\_\_\_\_ Date : \_\_\_\_\_