



ALFRED STATE COLLEGE

Student Records & Financial Services • 10 Upper College Drive • Alfred, NY 14802
Email: sfs@alfredstate.edu • Fax: 607-587-4298 • Phone: 607-587-4253

Student Request to Prevent Disclosure of Directory Information

The Family Educational Rights and Privacy Act is a Federal Law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when her or she reaches the age of 18 or attends a school beyond high school level. As defined by Alfred State, Directory Information includes: name, addresses, telephone numbers, dates of attendance, Alfred State e-mail addresses, date and place of birth, college major, expected date of graduation, degrees, awards received, photographs, enrollment status, participation in officially recognized sports and activities, weights and heights of athletes, and most recent, previous educational institution attended. If you wish to withhold the disclosure of all of the items of “Directory Information,” fill out the form below and submit it to the Student Records and Financial Services Office.

Please consider very carefully the consequences of any decision made by you to withhold any category of “Directory Information”, as any future requests for such information from non-institutional persons or organizations will be refused. **Signing this form could also prevent your use of Blackboard as your e-mail address must be available to the instructor for all class communication.** Alfred State will honor your request to withhold all of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, Alfred State assumes no liability for honoring your instructions that such information may be withheld.

I have carefully read the above and request that all “Directory Information” not be disclosed to non-institutional persons or organizations by the University without my prior written permission:

Student’s Printed Name _____

Student ID # _____

City _____ State _____ Zip _____

Student’s Local/Campus Phone _____

Today’s Date _____ Student’s Signature _____

Return completed form: Student Records and Financial Services, 10 Upper College Drive, Agriculture Science Building, Alfred, NY 14802.

Action Taken: _____

Signature of Official Handling Request: _____ Date: _____