

FERPA DIRECTORY INFORMATION OPT-OUT FORM

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Name:	First Middle	Date:_	
Address:			
City:		State:	Zip:
ID:	Phone:	E-mail:	
with certain exceptions, information from your e "directory information" consent: full name, addidegrees and awards receparticipation in Collegenorollment status. If you	Rights and Privacy Act (FEF obtain your written consent ducation records. However, that is generally not consideress, College e-mail address, ived, dates of attendance, mrecognized activities and sports.	prior to the disclosur, Keystone College mared harmful or an invitelephone number, cost recent previous sorts, weight and heighton disclosed without	ay disclose the following basic vasion of privacy without your late and place of birth, major, chool attended, classification, ht (athletes), photograph, t your consent, you may choose
To: Keystone Coll	ege Registrar		
Subject: Directory In	nformation Opt-Out Noti	ice	
I understand that, under that is generally not cons as "Directory Information	sidered harmful or an invasi	ne College may disclos on of privacy without	se basic information about me t my consent, which is released
no portion of my educati required by law. I further	ion records should not be dis er understand that Keystone	sclosed without my w College will code my	Directory Information and that written consent, except as educational records to prohibit business days of receipt of this
Signature:	Date:		
Office use only:			