

Non-Disclosure of Directory Information Request

Name: _____	
Date of Birth: _____	Student ID#: _____
E-mail: _____	Phone Number: _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
Signature: _____	Date: _____

Under the provisions of the Family and Educational Rights and Privacy Act (FERPA), you have the right to withhold the disclosure of the "Directory Information" designated below. If you wish that this directory information not be made available to the public, this form must be signed and returned in person to the Office of the Registrar. Any further requests for such information from non-institutional persons or organizations will be refused.

- name, address, and telephone number
- student classification
- major and minor fields of study
- participating in officially recognized activities and sports
- weight and height of members of athletic teams
- dates of attendance at the university
- degrees and awards received
- last educational institution attended
- enrollment status

MSU Denver will honor your request to withhold your directory information, but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect on you, MSU Denver assumes no liability for honoring your instructions that such information be withheld.

With this form on record, information will only be released to you, in-person, when proper identification is presented or upon receiving a notarized request accompanied by two forms of photo ID. However, if you are claimed as a dependent on your parents' income taxes, they may have access to your records upon request. This non-disclosure status will remain in effect until you request, in writing, that it be removed.

NOTARIAL ACKNOWLEDGEMENT: Form must be notarized if faxing, scanning, or mailing this form.

Subscribed and affirmed before me in the county of _____, state of _____, this _____ day of _____, 20____.

Official signature of Notary Public

(SEAL)

Commission expiration date

(Notary Seal must be visible on the copy)

Office Use Only	
Identity confirmed by: _____	Date: _____
Processor/Approver: _____	Date: _____