



**FERPA - Non-Disclosure Form**

The University of West Georgia, in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, has designated the items as "Directory Information." Directory information is defined as information which would not generally be considered harmful or an invasion of privacy if disclosed. This information may be released at the discretion of the University for any purpose.

**"Directory Information"**

- Student's name
- Address - permanent and campus mailing address
- Telephone Listing - permanent
- Major Field of Study
- Dates of Attendance
- Previous Institutions Attended
- Enrollment Statuses - (full/part-time)
- Classification - (grade level)
- Degrees and Awards Received
- Participation in Officially Recognized Activities and Sports
- Weight and Height Athletic Team Members
- Photograph

**STUDENT INFORMATION**

*Print Student's Name (Last, First, Middle Initial)*

*Student ID: (917...)*

*Mailing Address - is required by the campus post office as well as the Office of the Registrar to have your mail forwarded.*

*City*

*State*

*Zip Code*

**Request for Confidentiality**

Complete option A to request Directory Information be withheld and a confidential indicator be applied to your records, including directory information confidential. A request to block disclosure can be made at any time and **will remain active until revoked**.

The institution assumes no liability as a result of honoring your instructions to suppress your Directory Information.

**Rescind Confidentiality Status**

Complete option B to rescind your request to withhold Directory Information. The confidential indicator will be removed from your records allowing Directory Information to be released.

**OPTION A: REQUEST FOR CONFIDENTIALITY**

*I, the undersigned, have read and request the University of West Georgia withhold the release of my information to third-parties, acknowledge any requests for my information will be refused, and my name will be excluded from all University publications.*

*Student Signature (required)*

*Date*

**OPTION B: RESCIND CONFIDENTIALITY STATUS**

*I, the undersigned, rescind my request to withhold the release of the above stated information to third-parties without my written consent.*

*Student Signature (required)*

*Date*

**Student:** Return form along with a copy of your photo ID to the Momentum Center, 103 Parker Drive, Carrollton, GA 30118, EMAIL [studentsolutions@westga.edu](mailto:studentsolutions@westga.edu)