



OFFICE OF THE REGISTRAR
1200 Taylor Road
Montgomery, AL 36109
334.387.7528

AMRIDGE UNIVERSITY FERPA DIRECTORY INFORMATION OPT-OUT FORM

Name (Printed) _____ Student ID: _____

NOTICE OF DIRECTORY INFORMATION

In accordance with *Federal Educational Rights and Privacy Act of 1974 (FERPA)*, as amended, a student's education records are maintained as confidential by Amridge University 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 Amridge University to release student "directory information" without obtaining the prior consent of the student. At Amridge University we consider "directory information" to be those items of information listed below in this Form. If you do not want Amridge University to release your directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the Form below. This form must be received in the Registrar's Office on or before the tenth class day of the fall and spring semesters, or the fifth class day in the summer term in order for it to be applicable to that semester/term and for subsequent periods of time. 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 the revocation section of this form to the Amridge University Registrar

Some of the effects of your decision to request confidential status will be that you must make all address changes with a signed authorization or in person with a form of ID; friends or relatives trying to reach you will not be able to do so through the University; information that you are a student here will be suppressed, so that if a loan company, perspective employer, family member, etc., inquire about you, they will be informed that we have no record of your attendance here. Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

TO: Amridge University Registrar

I request the withholding of the following personally-identifiable information that Amridge University has 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 Amridge University 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 the Registrar receives my form until my opt-out request is rescinded. I further understand that if directory information is released prior to the Registrar receiving my opt-out request, Amridge University may not be able to stop the disclosure of my directory information.

ALL INFORMATION IDENTIFIED BELOW

CHECK ALL BOXES THAT APPLY

- Name
- Local and Permanent address
- Telephone Number(s)
- Major field of study
- Academic level
- Dates of Enrollment
- Degree(s) earned, including date, honors and level of distinction
- Participation in officially recognized activities

Signature: _____ Date: _____

Form Received by: _____ For Official Use Only Date: _____

RESCISSION OF OPT-OUT REQUEST

I, the above named student, hereby rescind my request to opt-out from the release of directory information.

Signature: _____ Date: _____

Form Received by: _____ For Official Use Only Date: _____