



Request to Prevent Disclosure of Directory Information

Registrar's Office: ph. 303-357-5845, 6399 S. Santa Fe Dr. Littleton, CO. 80120, registrar@denverseminary.edu, fax: 303-783-3122

This form should be returned to the Registrar's Office at the beginning of each academic year.

Today's Date: _____

Student ID: _____

Student Name: _____ Email: _____

I understand that the items listed below are designated as directory information and may be released to a third party at the discretion of Denver Seminary:

Name, address, telephone number, email address, video and photo images of students, dates of attendance, classification, degree sought, major, full- or part-time status, awards, honors, and degrees conferred (including dates).

Under the provisions of the Family Educational Rights and Privacy Acts of 1974, as amended, I have the right to withhold directory information as listed above. I have considered carefully the consequences of withholding this information (including an inability to verify that I have received a degree from the seminary for a potential employer) and have decided that I do not want any directory information released or that I only want partial information released.

I understand Denver Seminary will honor this request and future requests for such information from noninstitutional persons or organizations will be refused. I also understand that this will be effective only for the duration of this academic year only and must be renewed each year I am enrolled and desire such information to be withheld.

NOTE: Be assured that Denver Seminary will exercise the utmost discretion in the release of directory information should you decide not to withhold your directory information from being released. It will only be released when it is in your best interest for us to do so.

Please withhold **ALL** my directory information from release for the _____ academic year.

OR

Please withhold **only** the following items of my directory information from release for the _____ academic year:

Authorization of Request

By signing below, I hereby confirm the above requests are my own:

Signature (Required): _____ Date: _____

For Office	Date Received: _____	Date Processed: _____	Depts Contacted: _____
Use Only	Processed by: _____		