

Baker University
Request for Non-Disclosure of Directory Information

Baker University hereby gives notice that is has designated the following categories of personally identifiable information as "Directory Information" under the Family Educational Rights and Privacy Act (FERPA, 1974 and as amended). This information will be released without the prior consent of the student as permitted by law. However, within the first two weeks following the first day of class of an academic term the student may file written notification with the Records and Registration Office if directory information should not be released. Under the terms of FERPA, Baker University defines "Directory Information" to include the following items:

- o Name
- o Permanent address and telephone number
- o Baker email address
- o Dates of attendance
- o Class
- o Major(s)
- o Academic honors and awards
- o Degree(s) conferred (including dates)
- o Date of birth
- o Height and weight of athletes

I hereby request the Records and Registration Office to withhold from the public "Directory Information" as defined above. I understand that my request regarding the release of "Directory Information" may be adjusted only at the beginning of an academic term during the time of my enrollment at Baker University. Upon leaving Baker University, whatever decision I have made regarding the release of directory information will remain in effect permanently, since all rights under FERPA regarding non-disclosure expire once I am no longer a student.

Student Name (please print): _____ Student Identification Number: _____

I understand this request will remain in effect until I submit a written request to cancel it. To cancel this request, send a written notice to the Records and Registration Office at records@bakeru.edu.

Student Signature: _____ Date: _____

If not delivering in person, the following section must be completed by a Notary Public:

State of _____, County of _____

On this _____ day of _____, 20_____, _____ personally appeared before me,

(check one) ___ who is personally known to me, OR ___ whose identity I proved on the basis of _____, to be the signer of the above instrument.

Notary Public's Name: _____

Residing at: _____

My commission expires: _____

Baker University verification of student providing information by Records and Registration Office personnel:

Name: _____ Title/Office: _____

Where to submit this form:

By mail: Records and Registration Office
Baker University
P.O. Box 65, Baldwin City, KS 66006-0065

By fax: 785.594.4521

In person: Records and Registration Office
Constant Hall, Lower Level
785.594.4530

For Office Use Only: Cancellation Date: _____ Signature: _____