



Office of Admissions and Records
 3107 Bob Rogers Dr Eagle Pass, TX 78852
 (830) 758-5007 Fax: (830) 758-5001
A Member of the Texas State University System

**Request to Prevent Disclosure of
Directory Information**

Name: _____

SSN/CWID: _____

Semester: _____

The items listed below are designated as "Directory Information" and may be released for any purpose at the direction of the institution.

Under the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, you have the right to withhold the disclosure of the "Directory Information" listed below:

- | | |
|---|--|
| <ul style="list-style-type: none"> Name Address Telephone Number Classification Major Field of Study Honors (including Dean's List) | <ul style="list-style-type: none"> Date and Place of Birth Dates of Attendance Previous Institution(s) Attended Awards Received Degree(s) Conferred, Issuing Dates |
|---|--|

Please consider very carefully the consequences of any decisions by you to withhold the information listed as "Directory Information". Should you decide to submit this request, any future requests for such information from agencies or individuals outside of Sul Ross State University Rio Grande College **will be refused**.

Sul Ross State University Rio Grande College will honor your request to withhold all of the information listed above but cannot assume responsibility to contact your subsequent permission to release them. Regardless of the effect upon you, Sul Ross State University Rio Grande College assumes no liability for honoring your instructions that such information will be withheld.

Certification: " I do not approve the above information for release as public or "Directory Information."

Student Signature: _____

Date: _____

Note: If this form is not received in the Office of Admissions and Records prior to the beginning of the semester, the above information may be disclosed for the remainder of that semester. A new request for nondisclosure must be completed each semester.