



**REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION**

Name (Print): \_\_\_\_\_

Student ID: \_\_\_\_\_

Current Term: \_\_\_\_\_

The items listed below are designated as “Directory Information” and may be released for any purpose at the discretion of Meharry Medical College. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of any or all of the information listed below.

Please consider very carefully the consequences of any decision by you to withhold directory information. Should you decide to inform the institution not to release this information, all future requests for such information from non-institutional persons or organizations will be refused.

Meharry Medical College will honor your request to withhold your information but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Please sign below to indicate your disapproval for Meharry Medical College to disclose the following public or directory information.

- Student name
- Address
- Telephone number
- Date and place of birth
- Major field of study
- Dates of attendance
- Degrees and awards received
- Participation in officially recognized activities and sports

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form to the Office of the Registrar.**