



OFFICE OF THE REGISTRAR

Fredericksburg Campus
Lee Hall 206
Phone: (540) 654-1063
Fax: (540) 654-2145

Stafford Campus
South Building 144
Phone: (540) 286-8008
Fax: (540) 286-8005

AUTHORIZATION TO WITHHOLD DIRECTORY INFORMATION

The following is considered "Directory Information" at the University of Mary Washington and will be made available to the general public unless the student notifies the Office of the Registrar in writing:

Student's name, campus mailbox, email address, major field of study, dates of attendance, classification, level of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees conferred, dates of conferral, graduation distinctions, honors and awards, and most recent institution attended.

If you do not want your information published in the printed University telephone directory, you must submit this form before May 1st.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right to withhold disclosure of such Directory Information. The University of Mary Washington will honor your request to withhold Directory Information.

Please consider carefully the consequences of any decision to withhold such Directory Information. Should you decide not to release this information, any requests for such information from the University of Mary Washington will be refused. The University will not acknowledge your status as a student in any way.

For example, your name and contact information will not be given to your assigned on-campus roommate. Your enrollment cannot be verified to any outside source such as potential employers, colleges or universities or medical insurance companies. Your name will not appear in any official university publication distributed to the public, such as a theatre or commencement program, and no information concerning your accomplishments can be provided to the media including academic or athletic recognition.

This signed authorization is valid until a written request to rescind is received by the Office of the Registrar.

I hereby request that the University of Mary Washington not release any Directory Information from my academic records. I have read the above paragraphs and understand the consequences of my action.

Student Signature

Date

Student Printed Name

Date of Birth

Banner ID: _____