UNIVERSITY OF WISCONSIN WHITEWATER

REQUEST TO PREVENT OR REVOCATION OF DIRECTORY INFORMATION DISCLOSURE

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of the University of Wisconsin - Whitewater.

-Name
-Home and Local Address
-Home and Local Telephone Number
-Dates of Attendance
-Classification
-Major/Degree Program
-Previous Institutions Attended
-Awards
-Academic Honors
-Degree(s) Conferred (including dates)
-Past and Present participation in official recognized sports/activities
-Physical factors (height and weight of athletes)

Under the provisions of the Family Educational Rights & Privacy Act of 1974, students have the right to withhold the disclosure of the information listed above.

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

- The institution will honor your request to withhold all the information listed above, but will not 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 the information be withheld.

If this form is not received in the Registrar's Office two working days prior to the first day of classes in the Fall term, it will be assumed that the above information will be disclosed for the Campus Directory and for the remainder of the academic year. Requests received after this date will be honored to the extent possible, but some lists may have already been distributed University-wide.

PREVENT DIRECTORY INFORMATION DISCLOSURE: Be aware that by completing and signing the below **NO INFORMATION WILL BE GIVEN TO ANYONE UNDER ANY CIRCUMSTANCES. THIS REQUEST WILL REMAIN IN EFFECT UNLESS OTHERWISE REQUESTED BY THE STUDENT.**

STUDENT NAME*		
LAST / FAMILY / SURNAME(S)	FIRST / GIVEN NAME(S)	MIDDLE NAME(S)

UW-WHITEWATER ID NUMBER*						

UW-WHITEWATER E-MAIL ADDRESS*													
													@uww.edu

Student Signature: _____ Date: _____

REVOCATION OF DIRECTORY INFORMATION DISCLOSURE: I hereby authorize the Registrar's Office of the University of Wisconsin – Whitewater to remove the non-disclosure block from my education record. Effective immediately, directory information may once again be released to the public, at the discretion of the University of Wisconsin – Whitewater. **(THIS OPTION IS TO REVERSE A PRIOR REQUEST TO ADD RESTRICTIONS ONLY).**

_____ **(initial) I wish to remove any prior request for the restriction of my directory information.**

Student Signature: _____ Date: _____

For Office Use Only

_____ Verify Name, Address & Telephone Number on computer.

_____ Verify Identity with a picture ID.

_____ Make a photocopy of this form for the student.

_____ Date Processed.

_____ Email Webmaster (webmaster@uww.edu) to remove student from UW-W web page Directory.

_____ Email the University Center Information Desk (infodesk@uww.edu).

(revised 10-2019)