EMBRY-RIDDLE
Aeronautical University

DISCLOSURE OF STUDENT DIRECTORY INFORMATION ACTION FORM

Student's Name: _____ Date: _____

ERAU ID# or Month/Day of Birth: _____ Email address: _____

The University respects the rights and privacy of students in accordance with the Family Educational Rights and Privacy Act (FERPA). The University may disclose certain items of directory information without the consent of the student, unless the student submits a written *non-disclosure* request. Students are required to file requests for non-disclosure with the Registrar's Office. Non-disclosure forms remain in place permanently, unless the office is notified otherwise. Student directory information will still be utilized for intra-University purposes such as inclusion in the graduation commencement program. To exclude your name from the commencement program, you will need to contact the Registrar's office at the time of graduation.

Requesting non-disclosure will prevent any information regarding your educational records, including "Directory Information," from being released to any party, including verifications of enrollment, inquiries from other schools, from prospective employers or any other person or organization. This will not prevent the release of information: to school officials with legitimate educational interests; to state, federal and local authorities conducting audits, for evaluations or enforcement of education programs, or to organizations working on their behalf; to accrediting organizations; in connection with financial aid; to parents of a dependent child when the most recent tax return is provided; in compliance with a lawfully issued subpoena; and in a health or safety emergency.

Please consider very carefully the consequences of any decision to withhold information. Should you decide to inform the University not to release this "Directory Information," any future requests for such information from other schools, prospective employers or other persons or organizations without your prior written consent will be refused. The University will honor your request to withhold "Directory Information" but cannot assume responsibility to contact you for subsequent permission for release. If you have a non-disclosure hold on your record at the time that you graduate or withdraw from the University, we will be unable to comply with any requests received after your departure.

☐ **I request non-disclosure of my educational records.** By my signature below, I acknowledge that I understand the information the limitations of non-disclosure and affirm that I may amend or revoke this request at any time.

_____ _____
Print Name Date

_____ _____
Student Signature ID Number

☐ **I revoke my request for non-disclosure of my educational records.** By my signature below, I authorize the University to release my directory information according to University policy.

_____ _____
Print Name ID Number

_____ _____
Student Signature Date

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This form must be presented to university personnel along with a photo ID. Unless notarized, this form should be signed in the presence of university personnel after identification has been verified. Please retain a copy for your files.

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Accepted by: _____ *OR*

Date: _____ *Notary Seal*

Please submit to: Daytona Beach – ERNIE Central
Prescott – Office of the Registrar
Worldwide – Office of the Registrar