



## NON-DISCLOSURE OF DIRECTORY INFORMATION REQUEST

Loyola Marymount University defines "Directory Information" as including the following information:

- student name
- addresses
- telephone numbers
- electronic mail addresses
- date and place of birth
- major field of study
- dates of attendance
- photographs or images of the student
- degrees and awards received
- the most recent previous educational agency or institution attended by the student
- participation in officially recognized activities and sports
- height and weight of members of athletic teams

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, students of Loyola Marymount University have the right to prevent the disclosure of the above-listed information to non-institutional persons and organizations. The submission of this form to the Office of the Registrar will indicate that the undersigned wishes Directory Information to be withheld from release for any non-institutional purpose, in verbal, written, or electronic form, including enrollment verifications and background checks. Please note, however, that the University retains to the right to distribute Directory Information internally, regardless of a student's submission of this form.

Loyola Marymount University does not at any time or in any form release student Social Security Numbers; class schedules; grades; grade point averages (GPAs); or demographic data related to race, ethnicity, or religious preference to non-University individuals or institutions. It is not necessary for a student to submit this form to prevent disclosure of this information to external individuals or organizations, however, the University retains the right to distribute this information internally.

- I understand the above statements and assume full responsibility for the confidential status of my Directory Information.
- I understand that Loyola Marymount University will honor my request but cannot assume responsibility to contact me for subsequent permission to release my Directory Information.
- I understand that the University assumes no liability for honoring my request for the information to be withheld, and that, by signing this form, any future requests for my Directory Information from non-institutional persons or organizations will be refused.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ID#