**REQUEST TO RESTRICT DIRECTORY INFORMATION**
THE UNIVERSITY OF NORTH DAKOTA – OFFICE OF THE REGISTRAR

______________________________________________________________________________

Please Print: Last Name                     First Name                     Middle Name

Student ID #: ______________________________ Date of Birth ________________

Registered in the College/School of: ________________________________________

Excerpted below are portions of Section 8, Student Records, from the *Code of Student Life*:

8-1 INTRODUCTION
Student records maintained by the University fall into two general categories – directory information and educational records.

8-2 DIRECTORY INFORMATION
Directory information is information concerning a student which may be released publicly. It includes the following: name (all names on record); address (all addresses on record); e-mail address (all electronic addresses on record); phone number (all phone numbers on record); height, weight and photos of athletic team members; date of birth; major field of study (all declared majors); minor field of study (all declared minors); class level; dates of attendance; enrollment status; names of previous institutions attended; participation in officially recognized activities and sports; honors/awards received and degrees earned (all degrees earned); date degree earned (dates of all degrees earned); and photographic, video, or electronic images of students taken and maintained by the institution.

Students have the right to request that directory information not be made public by notifying the Office of the Registrar. **In order to effectively suppress release of directory information, students must restrict their directory information by the tenth day of the term and not reverse that restriction during the term.** Students may reverse existing directory restrictions by submitting a written request to the Office of the Registrar.

**As you consider restricting your directory information from the public, please remember that when you restrict the release of your directory information, NO ONE (regardless of relationship, e.g., spouse, parent, other family member or relative) will be able to access this information (regardless of the need, e.g., family emergency, etc.).** The specified directory information will be treated the same as educational records information. In response to public inquiries, the University will respond that "we have no information on this individual." **This request will remain in effect permanently until revoked in writing by you.**

Within the guidelines and policy described above, I request a restriction of the release of my directory information.

SIGNATURE ________________________________ DATE ________________

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**FOR OFFICE OF THE REGISTRAR USE ONLY**

I.D. checked and form accepted by: ____________________________ Date ________________

CRT field updated by: ________________________________ Date ________________

T:/office manual/forms/Request to Restrict Directory Information.doc

Updated 3/05/09