



Eastern Florida
STATE COLLEGE

Office Use Only:
B: _____
Admit Year: _____
Received by: _____
Received Date: _____
Student ID Verified: _____

REQUEST FOR CONFIDENTIAL STATUS OF DIRECTORY INFORMATION

Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right to withhold disclosure of Directory Information, and Eastern Florida State College (EFSC) will honor your request.

The following is considered "Directory Information" at EFSC and may be made available to the general public unless the student notifies the Campus Admissions and Records Office in writing to designate his or her records as confidential:

Student name, degree of study, participation in officially recognized college activities, weight and height of members of athletic teams, terms of attendance, degrees and awards received.

While permissible by law, EFSC does not routinely release this directory information, and no other student information is released to non-college personnel without your written permission. By signing this form, you are requesting that **no** information be released. Your records will be flagged as "confidential." Some of the effects of your decision to request confidential status will

be: You must make all record changes and inquiries, including address changes, with a signed authorization or in person with a form of ID.

- Information that you are a student here will be suppressed, so if a loan company, prospective employer, family member, etc. inquire about you, they will be informed that we have no record of your attending here.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

Please note: Non-disclosure of directory information does not prevent EFSC from disclosing personally identifiable information from a student's record to authorized representatives of federal, state, and local agencies when that disclosure is in connection with financial assistance for which the student has applied or which the student has received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

I hereby request that EFSC designate my records as confidential. I have read the above information and understand the consequences of my action.

EFSC Student ID Number: **B** _____

Print Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY:
SPAPERS _____ SPACMNT _____ (Initial & Date)