



Non – Disclosure Release

FERPA (Family Educational Rights & Privacy Act)

Date: _____ Student ID/SSN: _____

I, _____, request that my ASUMH student directory information be updated to allow **complete directory disclosure**.

ASUMH may disclose at its discretion, student directory information. Students may restrict the release of student directory information by selecting one of the following:

- Allow-Disclosure** (Your directory information may be disclosed with the appropriate discretion)
- Limited Non-Disclosure** (allow directory information needed for Blackboard, emails and inclusion of name in the commencement program and honors lists)
- Complete Non-Disclosure** (student will not have access to Blackboard, student email or recognized in publication listing academic achievements)

Student Print Name

Student Signature

For Office Use Only:

Date Received: _____

Processor’s Signature: _____

E-Mailed William Kimbriel: _____