REQUEST FOR CONFIDENTIALITY OF DIRECTORY INFORMATION

The Family Education Rights and Privacy Act (FERPA), Public Law 93-380, S513, gives all current or former students the right to make ALL of their Directory Information confidential. If you wish to restrict all of your Directory Information, it will be considered confidential and will not be released to anyone. **Colorado State University (CSU) designates the items listed below as Directory Information:**

- Student Name
- E-mail address
- Major field of study
- Classification Level (freshman, sophomore, etc.)
- Height and weight of athletic team members
- Current or Previous enrollment status (full-time, half-time, and less than half-time)
- Current Mailing Address
- Telephone number
- Dates of attendance
- Honors and Degrees Awarded
- Participation in officially recognized activities and sports
- Video and photographic images of students with the exception of the official CSU ID photograph

By signing this form, I wish to **restrict all** of my Directory Information as listed above until further notice.

Please read in full to confirm acknowledgment of the following before signing:

- **All future requests for Directory Information from non-institutional persons or organizations will be informed there is no record of my attendance.**
- **Degree verifications through the National Student Clearinghouse will not be available.**
- **My name will not appear in the commencement program at graduation.**
- **I will not be able to discuss my record with CSU staff remotely (telephone, email, FAX, or regular mail).**
- **My confidential classification, will not be removed until I submit a signed authorization requesting it be removed.**

Name: ___________________________________________    Signature: ____________________________________
CSUID: ___________________________________________ Date: ________________________________________

I wish **to remove the restriction** I previously placed on **all** of my Directory Information.

Printed
Name: ___________________________________________    Signature: ____________________________________
CSUID: ___________________________________________ Date: ________________________________________

This form must be signed and returned with a legible government issued photo signed ID (Driver’s License or Passport)

Registrar’s Office Centennial Hall
1063 Campus Delivery Colorado State University Fort Collins, CO 80523-1063
registrarsoffice@colostate.edu

Revised: 2/9/2017