KING UNIVERSITY
REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

To: Student

Semester/Year________________

These items listed below are designated as “Directory Information” and may be released for any purpose at the discretion of our institution.

Under the provision of the Family Educational Rights and Privacy Act or 1974, as Amended, you have the right to withhold the disclosure of the “Directory Information” listed below.

Please consider very carefully the consequences of any decision by you to withhold “Directory Information.” Should you decide to inform the institution not to release this “Directory Information,” any future requests for such information from non-institutional persons or organizations will be refused.

The institution will honor your request to withhold “Directory Information” but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate space and affix your signature below to indicate your preference for the institution to disclose the following public or Directory Information.

Directory Information:

Name, email and University mailing address, telephone number, dates of attendance, class, date and place of birth, photograph, class schedule/roster, full or part-time status.

Previous institution(s) attended, major field of study, awards, honors (includes Dean’s List and President’s List), degree(s) conferred (including dates), name in commencement program and name announced at commencement ceremony

Past and present participation in officially recognized sports and activities, physical factors (height, weight of athletes), date and place of birth.

By providing my signature below, I am agreeing to the terms stated above and do not wish for my information to be disclosed for any directory information.

Date ___________________ Student Signature _________________________________________

Printed Name _________________________________________________________________

RETURN FORM TO: King University
Office of Registration and Records
1350 King College Rd Bristol, TN 3762

For Office Use Only: Date returned:___________________ Processed___________________
Staff Initials_________________