

THE CITY UNIVERSITY OF NEW YORK
DIRECTORY INFORMATION NON-DISCLOSURE FORM

This form must be filed with the Registrar's Office if you do not wish any or all directory information disclosed without your prior consent. Directory information otherwise may be made available to any parties deemed to have a legitimate interest in the information. The instructions on this form may be changed at any time by filing a new form with the Registrar's Office. You should initial the appropriate spaces.

Name of student: _____.

Student ID number: _____.

A. _____ I DO NOT WANT ANY DIRECTORY INFORMATION DISCLOSED WITHOUT MY PRIOR CONSENT. (If you initial this space you do not have to fill out the rest of this form, but must date and sign below.)

B. _____ I do not want the following categories of directory information disclosed without my prior consent. (Initial those items which you do not want released.)

- _____ Name.
- _____ Attendance dates (periods of enrollment).
- _____ Address.
- _____ Telephone number.
- _____ Date of birth.
- _____ Place of birth.
- _____ Photograph.
- _____ E-mail address.
- _____ Full or part-time status.
- _____ Enrollment status (undergraduate, graduate, etc.).
- _____ Level of education (credits) completed.
- _____ Major field of study.
- _____ Degree enrolled for.
- _____ Participation in officially recognized activities other than sports.
- _____ Participation in sports (teams).
- _____ Height if member of athletic team.
- _____ Weight if member of athletic team.
- _____ Previous school attended.
- _____ Degrees received.
- _____ Honors and awards received.

C. _____ I want my prior instructions not to release directory information withdrawn. I now authorize the college to release all of my directory information to parties with a legitimate interest.

Dated: _____ Signed: _____

CUNY Office of General Counsel
October 11, 2000