

Rose State College

Request to Prevent Disclosure of Directory Information



Office of Admissions and Records
6420 SE 15th Street Midwest City, OK 73110
Phone: 405-733-7308 | Fax: 405-736-0309
admissions@rose.edu | www.rose.edu

TO: All Students

Term/Semester/Year: _____

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

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of "Directory Information." Should you decide to inform the institution not to release any or all of 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 any of the categories listed below 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 check the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following public or "Directory Information."

		Do NOT Disclose Information
Category I	Name, address, telephone number, dates of attendance, classification, class schedule.	<input type="checkbox"/>
Category II	Previous institution(s) attended, major field of study, awards, honors, degree(s) conferred (including dates).	<input type="checkbox"/>
Category III	Pass and present participation in officially recognized sports and activities, physical factors (height, weight of athletes), date and place of birth.	<input type="checkbox"/>
Category IV	Any item(s) listed above.	<input type="checkbox"/>

Student's Name: _____ Date: _____

Student ID: _____ Address: _____

Telephone Number: _____

Student's Signature: _____

If this form is not received in the Registrar's office prior to the end of the second week of classes, it will be assumed that the preceding information may be disclosed for the remainder of the current and ensuing academic year(s). **A new form for nondisclosure must be completed each academic year.**