



GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

All Students

School Year: _____

The Family Educational Rights and Privacy Act (FERPA) designates certain information related to students as "Directory Information" and gives the College the right to disclose such information to anyone inquiring without having to ask students for permission unless the students specifically request in writing that **ALL** such information not be made public without their written consent. "Directory Information" includes, but is not limited to, the student's name, address, telephone listing, electronic mail address, date and place of birth, major field of study, dates of attendance, grade level, enrollment status, awards, most recent education agency or college attended, photographs, film, tape and/or voice recordings; and/or any interviews and the reproduction of photographs, film, tape and/or voice recordings, and/or interviews. If you wish to withhold the disclosure of **ALL** of the items of "Directory Information," fill out the form below and submit it to the Office of the Assistant Registrar.

This form must be received in the Office of the Assistant Registrar no later than **(date)**. If it is not received in that office by that date, all directory information will be disclosed for the remainder of the school year. A new form for non-disclosure must be completed yearly. This form becomes invalid at the end of each school year identified above.

Please consider very carefully the consequences of any decision made by you to withhold your "Directory Information", as any future requests for such information from non-institutional persons or organizations will be refused. The Good Samaritan College of Nursing and Health Science 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 Good Samaritan College of Nursing and Health Science assumes no liability for honoring your instructions that such information may be withheld.

I have carefully read the above and request that **ALL** "Directory Information" not be disclosed to non-institutional persons or organizations by the College without my prior written permission:

Student's Printed Name _____ SS# _____

Student's Address _____

City _____ State _____ Zip _____

Student's Phone# _____

Today's Date _____ Student Signature _____

Return completed form to Office of the Assistant Registrar/Bursar, Good Samaritan College of Nursing and Health Science, 375 Dixmyth Avenue, Cincinnati, OH 45220 (513)872-2493 no later than **(date)**.