



**Vice President for Student  
Life/Dean of Students**  
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Glassboro, NJ 08028  
Phone: 856-256-4283  
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## Request for Confidential Status of Directory Information

*Please Print Clearly*

**Student Name:** \_\_\_\_\_ **Banner ID Number:** \_\_\_\_\_

This form is to be used by students to restrict access to directory information with Rowan University. Access to student's education records and directory information is regulated by the Family Educational Rights and Privacy Act (FERPA - 20 U.S.C. § 1232g; 34 CFR Part 99) as well as the Internal Revenue Code (§152).

In accordance with FERPA, Directory Information may be released to the public and outside parties without student consent. Rowan University has designated the following information as Directory Information:

- Category I: Name, address, telephone number, electronic mail addresses, dates of attendance, class.
- Category II: Major field of study, awards, honors (includes Dean's List), degree(s) conferred (including dates).
- Category III: Past and present participation in officially recognized sports and activities, physical factors (height and weight of athletes), date and place of birth.

By completing this section, you will be requesting that Directory Information **NOT** be released. By requesting confidential status of Directory Information, outside parties (including friends, relatives or prospective employers) trying to reach you will not be able to do so through the University. Your name may also be eliminated from information provided to outside parties offering some scholarship, career and other opportunities and benefits.

If you have submitted a waiver form specifically authorizing your parent(s)/guardian(s) or other parties to have access to your education records, completion of this form will **NOT** override that authorization. Those authorized parties will continue to have access to your records until you submit written instructions to terminate that authorization.

*I am the above referenced student and I hereby request confidential status of my directory information. I understand this request will remain in effect until I revoke this request in writing.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** For more information about the University policy regarding FERPA and education records, please visit:

<http://www.rowan.edu/provost/registrar/ferpa.html>

Certain records and information are governed by other laws and regulations, and fall outside the scope of FERPA privacy regulations and are not affected by this form. These include records created and maintained by a law enforcement unit for law enforcement purposes; employment records (unless contingent upon attendance); medical records made and maintained in connection with treatment and disclosed only to individuals providing treatment; and, records containing information about an individual created after he/she is no longer a student (i.e. alumni records).