

Request to Restrict Disclosure of Directory Information

At its discretion, Goucher College may disclose Directory Information in accordance with the provisions of the Family Education Rights and Privacy Act. Directory Information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. Designated Directory Information at Goucher College includes the information listed below. Students may withhold Directory Information by completing this form and delivering it to the Registrar's Office in Student Administrative Services by the end of the first full week of classes at Goucher.

Please consider very carefully the consequences of any decision by you to withhold Directory Information. Some of the effects of your decision to request confidential status for this information will be that friends, relatives or even other students trying to reach you will not be able to do so through the College, and information that you are a student here will be suppressed, so that if a loan company, prospective employer, or another educational institution inquires about you, they will be informed that we have no record of your attending the College.

The following information is included as Directory Information at Goucher:

Name		anticipated graduation date
local address, telephone number, e-mail address permanent home address		dates of attendance, including full- and part-time status
permanent telephone number,		date of graduation, including the listing of such information in the commencement program,
date and place of birth,		major and minor fields of study
photograph		honors, degrees and awards received,
participation in officially recognized activities, sports		previously attended educational agencies or institutions,
height and weight of members of athletic teams		class (freshman etc.)
officials of the college who need a disclosures that are otherwise auth	ccess to my educational orized by FERPA.	s restriction does not apply to the disclosure of information to records in order to perform their professional responsibilities, or to ng your instruction that the above information be withheld.
Student Name:		Semester/Year:
Student Signature:		Date:
Note: Requests for non-disclosure signature and date.	will be honored by the	College until revoked by the student in writing, with the student's
Office of the Registrar Goucher College	p. 410-337-6090 f. 410-337-3111	