



Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name First Name UIN

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 "Directory Information" (information which is available to the public).

Please consider very carefully the consequences of any decision by you to withhold Directory Information. Should you decide to inform UIS not to release Directory Information, requests from non-institutional persons or organizations will be refused. The institution will honor your request to withhold Directory Information, but cannot assume responsibility to contact you for subsequent permission to release information. For example, if you request that UIS withhold information, your name will not appear in any printed programs or be released to any newspapers. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that information be withheld.

Please sign and date the form below if you **do not** wish to have Directory Information disclosed. By signing below, you are acknowledging the fact that you have read and understand the terms of non-disclosure described above. This non-disclosure will remain in effect until you provide written notice to the Office of Records and Registration to inactivate the non-disclosure.

Student Signature Date

This form should be submitted to the Office of Records and Registration prior to the tenth class day of the semester (fifth day of the summer term).

Original:
Permanent File

Copy (distributed by the Office of Records and Registration):
Student

For Office Use Only
Processed By: _____
Date: _____