

CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy

DIRECTORY INFORMATION NON-DISCLOSURE FORM

This form must be filed with the Registrar's Office if you do not wish any or all directory information to be disclosed without your prior consent. Directory Information otherwise may be made available to any parties deemed to have a legitimate interest in the information. The instructions on this form may be changed at any time by filing a new form with the Registrar's Office. You should initial the appropriate spaces.

Name of Student: _____

CUNYfirst Empl ID: _____

A. _____ I DO NOT WANT ANY DIRECTORY INFORMATION DISCLOSED WITHOUT MY PRIOR CONSENT (if you initial this space you do not have to fill out the rest of this form but must sign and date below).

B. _____ I do not want the following categories of directory information disclosed without my prior consent (Initial those items which you do not want released).

_____ Name

_____ Dates of Attendance

_____ Home Address

_____ Present Address

_____ E-mail Address

_____ Telephone Number

_____ Major and Minor Fields of Study

_____ Degrees and Awards Received

_____ Date of Birth

_____ Place of Birth

_____ Level of Education

_____ The most recent/previous Educational Institution attended

_____ ALL OF THE ABOVE

C. _____ I want my prior instructions not to release directory information withdrawn. I now authorize the college to release all of my directory information to parties with a legitimate interest.

Student's Signature

Date

****This form will not be processed without the student's signature****

Office Use Only

Processed by _____ Print Name _____ Date _____