

Request for Directory & Information Release/Non-Release

Release of Student Information:

Unless otherwise notified in writing, the University at Buffalo has your permission to release the following directory information upon request: your name, current address, telephone number, e-mail address, major field of study, dates of attendance and degree and awards received. The university will also publish your name, major field of study and e-mail address in its Internet-accessible directory.

If you wish to request that this information be released or reverse your decision to release it, you must complete and sign this form and submit it to the Office of the Registrar. You may do this at any time and as many times as necessary. However, it is important that you consider very carefully the consequences of a decision to withhold "directory information". Should you select not to authorize release, any and all future requests for contact information from UBN persons (on non-essential matters) and from non-institutional persons and organizations (such as scholarship organizations, prospective employers) will be denied.

You should also be aware that even if you decide to prevent release of your directory information, **information will be shared within the University for educational and administrative purposes.**

For a complete statement of your rights under the Family Educational Rights and Privacy Act (FERPA), see Article 8 (Administrative Regulations) of the University's Student Conduct Rules, University Standards, and Administrative Regulations.

Please note that all information and your signature must be included for processing.

Step 1: Indicate your directory and information preference by checking the appropriate item:

_____ I DO want my directory & information released.

_____ I DO NOT want my directory & information released.

Step 2: Please supply the following Student Information:

Last/Family Name: _____ First Name: _____

UB ID Number: _____

Phone Number: _____ Email Address: _____

Step 3: Student Signature: * _____ Date: _____

*Must be an actual signature and not typed information

Return completed and signed form to:

By Postal Mail: Office of the Registrar, University at Buffalo, 232 Capen Hall, Buffalo, NY 14260-1631

Via E-mail: ubregistrar@buffalo.edu

By Fax: (716) 645-7762

For Office Use Only