

BEMIDJI STATE UNIVERSITY
Records & Registration
Deputy Hall, Room 101, #12
1500 Birchmont Dr.
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409
records@bemidjistate.edu

Request to Withhold Directory Information

Student Name: _____ Request Date: _____
(Month/Day/Year)

Student ID Number: _____

You have certain rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) concerning your school records. This law permits the university to release “directory” information about students.

The following information designated as "Directory" Information at Bemidji State University will be available to inquiries.

- student's name
- institutionally defined e-mail address
- major field of study
- participation in officially recognized activities and sports
- weight and height of members of athletic team participants
- dates of attendance
- grade level (e.g. undergraduate, graduate, or non-degree seeking)
- student classification (e.g. FR, SO, JR, SR, PD, etc.)
- enrollment status (e.g. full-time or part-time)
- degrees, honors and awards and licenses received
- names of parents when associated with awards and officially recognized activities and sports events
- date of graduation

The following information designated as “Limited Directory” Information at Bemidji State University will be available to the BSU Foundation and/or external parties contractually affiliated with the university.

- e-mail address (personal, work, etc.)
- address
- phone number

Please read the following and consider very carefully the consequences of any decision to withhold “directory” and “limited directory” information.

Should you inform the university **not** to release “directory” and “limited directory” information, all future requests for such information from non-institutional persons or organizations will be refused. Examples of such requests that would not be released include, but are not limited to, enrollment verification for insurance, employers request for verification of enrollment/degree, licensing or registry forms.

The university will honor your request to withhold information until you notify Records and Registration in writing that you wish to remove the disclosure restriction.

_____ **I hereby request Bemidji State University to withhold all directory information.**
OR
_____ **I wish to revoke my request.**

Signature: _____ Date: _____

Return this completed form to the Records Office, Deputy 101.