

**OFFICE OF THE REGISTRAR
MONTANA STATE UNIVERSITY BILLINGS**

REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

The items listed below are designated as directory information and may be released for any purpose at the discretion of the university registrar. Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, you have the right to withhold the disclosure of this directory information to non-university personnel:

- | | |
|-----------------------------|----------------------|
| •NAME | •ADDRESS |
| •TELEPHONE NUMBER | •DATES OF ATTENDANCE |
| •CLASS | •MAJOR |
| •FULL-TIME/PART-TIME STATUS | •HONORS STATUS |
| •ENROLLMENT VERIFICATION | •DEGREE VERIFICATION |

PLEASE NOTE: Under the provisions of FERPA, the university is required to release information in certain circumstances as required by law.

Once this completed form has been received by the university, all directory information will be withheld until such time that you notify the Office of the Registrar via signed, written request that you wish to have the “confidential” status removed. This means that if you have a hold on your directory information all business must be conducted in person with photo identification or via written, signed authorization.

Please carefully consider the effects of your decision to request “confidential” status. After doing so, please initial by each statement indicating that you understand and agree to the following:

- ___ Any questions I have about my status, account, or academic changes must be made in person with a photo ID. The university will not be able to do any business with me regarding my account over the phone or email. This includes but is not limited to: password resets, financial transactions, dropping and adding of classes, requesting enrollment verifications for insurance purposes.
- ___ My name and information will **NOT** be included in any publications regarding honors, awards, or graduation.
- ___ Friends or relatives trying to reach me in case of an emergency will not be able to do so.
- ___ Information that I am student here will be suppressed so that information requests from prospective employers regarding my degree or attendance will be denied.
- ___ Regardless of the effects upon me, the university assumes no liability for honoring my request for non-disclosure of my directory information.

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Student Name: _____ ID Number: _____

Student Signature: _____ Date: _____

Office Use Only
Date Entered in Banner: _____ Date Removed: _____

Employee Reviewing Document With Student: _____