

Authorization to Withhold Directory Information

CALVIN
College

The following is considered "Directory Information" at Calvin College and will be made available to the general public unless the student notifies the Office of the Registrar in person or in writing:

- | | | |
|---|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Participation in officially recognized sports and activities | <input type="checkbox"/> Degrees conferred |
| <input type="checkbox"/> Address | <input type="checkbox"/> Weigh and height of athletes | <input type="checkbox"/> Dates of conferral |
| <input type="checkbox"/> Telephone number | <input type="checkbox"/> Dates of attendance | <input type="checkbox"/> Honors and awards received |
| <input type="checkbox"/> Electronic email address | <input type="checkbox"/> Class level | <input type="checkbox"/> Dates of enrollment |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Enrollment status | <input type="checkbox"/> Graduation distinctions |
| <input type="checkbox"/> Date and place of birth | | <input type="checkbox"/> Institution attended immediately prior to admission |
| <input type="checkbox"/> Major field of study | | |

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of such directory information. Calvin College will honor your request to withhold directory information.

Please consider carefully the consequences of any decision to withhold such Directory Information. Should you decide not to release any of this information, any requests for such information from Calvin College will be refused.

This authorization is valid until a written request to rescind is received by the Office of the Registrar.

I hereby request that Calvin College not release any Directory Information from my academic records. I have read the above paragraphs and understand the consequences of my action.

Note: Directory information will be withheld from the annual printed "Names and Faces" book if this authorization is received by the Registrar's Office within the first two weeks of the fall semester. Directory information will be withheld from Calvin's online directory upon submission of this form.

Signature _____

Date _____

Name (Printed) _____

Social Security Number _____

Student ID Number _____

Office of the Registrar
Calvin College
3201 Burton Street SE
Grand Rapids, MI 49546

FAX: (616) 526-8513