REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION



REGISTRAR'S OFFICE

The Family Educational Rights and Privacy Act of 1974 (FERPA) designates certain information related to students as directory information and gives Hawai'i Pacific University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that all such information not be made public without their written consent.

Directory information at Hawai'i Pacific University is defined as: Name of student, local and other addresses, local and other telephone numbers, email addresses, date of birth, dates of attendance, enrollment status (full time, part time, etc.), major field of study, education level (i.e. undergraduate, graduate), class standing (i.e. freshman, sophomore, etc.), previous educational institution(s) attended, degrees received and dates of conferral, honors and awards received, participation in officially recognized activities and sports, and weight and height of members of athletic teams.

If you wish to withhold the disclosure of all of the items of directory information, fill out the form below and submit to the Registrar's Office (Student ID will be required). Once received, all directory information will be withheld until such time that you notify the Registrar's Office by signing below that you wish to have the hold removed. This means that if you have a hold on your directory information at the time you graduate or withdraw from the university, we will be unable to comply with any requests received after your departure from HPU.

<u>CAUTION:</u> Please consider very carefully the consequences of any decision you make to withhold your directory information, as any future requests for such information from other schools, prospective employers or other persons or organizations will be refused. Hawai'i Pacific University will honor your request to withhold all directory information, but cannot assume responsibility to contact you every time a request is received. Regardless of the effect upon you, Hawai'i Pacific University assumes no liability for honoring your instructions that such information be withheld.

I have carefully read the above and request that all my directory information not be disclosed to third parties without my written permission or as permitted by the law. Please print legibly using blue or black ink.

Student Information				
ame:			<u>@</u>	
Last	First	MI	Stude	nt ID No. or SSN (Last 4 Digits)
ddress:	treet City			
51	treet City		State	Zip Code
elephone: (Email:* * HPU designated email for conducting official states*			* Date of Birth:	
	The designate	a critali for conducting office	ar Offiversity business	
Student's Signature			Date	
FOR REGISTRAR'S OFFICE US	E ONLY:			
Initial Form: SPAPERS:	SOAHOLD:	SPACMNT:	By:	Date:
	Audited By:	Date:		
Revocation of Directory Information bloomstrands		I received by the Univers	sity Registrar. Comple	ete this section only to remove a
hereby revoke the block on my	directory information.			
Student's Signature				Data
Student's	Signature			Date
FOR REGISTRAR'S OFFICE USE	E ONLY:			
Revocation: SPAPERS:	SOAHOLD:	SPACMNT:	Ву:	Date:
	Audited Bv:	Date:		

Submit this request to the Registrar's Office: Hawai'i Pacific University – 500 Ala Moana Blvd, Suite 5A, Honolulu, HI 96813 Phone: (808) 544-0239; Fax: (808) 544-1168; Email: registrar@hpu.edu