



## DIRECTORY INFORMATION (FERPA)

OFFICE OF THE REGISTRAR • POST CAMPUS • LONG ISLAND UNIVERSITY  
720 NORTHERN BLVD., BROOKVILLE, NY 11548 • (516) 299-2588 • [WWW.LIU.EDU/POST/REGISTRAR](http://WWW.LIU.EDU/POST/REGISTRAR)

STUDENT NAME \_\_\_\_\_ STUDENT ID or SOCIAL SECURITY# \_\_\_\_\_  
(PLEASE PRINT)

### AUTHORIZATION TO WITHHOLD DIRECTORY INFORMATION

The following is considered "Directory Information" at Long Island University and will be made available to the general public unless the student notifies the Office of the Registrar in person or in writing before the last day to add classes.

Name, Dates of Attendance, Date and Place of Birth, Class, Major, Awards, Honors, Degrees conferred, Enrollment Status, Past and present participation in officially recognized sports and non-curricular activities, Physical factors (height, weight) of athletes, Previous educational institutions most recently attended.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold disclosure of such Directory Information. Long Island University 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 Long Island University will be refused.

This signed request must be completed and notarized and returned to the Office of the Registrar by 4:45 p.m. on the last day to add classes as listed in the Academic Calendar. This authorization is valid until a written request to rescind is received by the Office of the Registrar.

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

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

MAJOR: \_\_\_\_\_

NOTARIZED BY: \_\_\_\_\_