



REQUEST FOR NONRELEASE OF DIRECTORY INFORMATION

Name: _____ M#: _____
Last First Middle

Email: _____@mtsu.edu Date: _____

Under the provisions of the Family Educational Rights and Privacy Act (FERPA), I request that no information concerning me be released to anyone.

Please note: Non-disclosure does not prevent MTSU from disclosing personally identifiable information from a student's record:

- to school officials as defined in the MTSU Access to Educational Records Policy: 500;
to authorized representatives of federal, state and local agencies when that disclosure is in connection with financial aid for which the student has applied or which the student has received;
for verification of enrollment to lending agencies;
for disclosure to comply with a judicial order or lawfully issued subpoena;
or for any of the other exceptions to signed consent found in 99.31 of the FERPA regulations.

MTSU will make every effort to prevent your e-mail address being released. However, e-mail addresses may be available from sources other than MTSU.

MTSU assumes no liability for honoring your instructions to release no information. In addition, any disclosures that have been made prior to your request are most likely no longer in MTSU's control. Your request for non-disclosure does not require MTSU to recover prior disclosures that were made prior to your request.

I understand this request is valid indefinitely. I understand if I decide to end the non-release request, I will be required to return this form to the Registrar's Office with my signature and date.

Student Handwritten Signature: _____ Date: _____
(to BEGIN nonrelease)

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DO NOT SIGN BELOW UNTIL YOU ARE READY TO END THE NONRELEASE

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Once processed, a copy of this form with an entry date will be e-mailed to your MTSU email. If you wish to resume the release of directory information, please sign below and return to the Registrar's Office via e-mail (records@mtsu.edu) by scanning the document and attaching it to the e-mail, via fax to (615) 898-5538, or mailing to: MTSU, Registrar's Office, SSAC 150, 1301 E. Main Street, Murfreesboro, TN 37132.

Student Handwritten Signature: _____ Date: _____
(to END nonrelease)

FOR OFFICE USE ONLY Date Entered: _____, Initials: ____ Date Removed: _____, Initials: ____