

Student's Name (Please Print)



Social Security #

ANNUAL NOTICE TO STUDENTS

**THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
(F.E.R.P.A.)**

Annually, Long Island University, C.W. Post Campus informs students of the Family Educational Rights and Privacy Act of 1974, as amended. This Act, with which the institution intends to comply fully, was designed to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records within 45 days of receipt of request, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office (FERPA) concerning alleged failures by the institution to comply with the act.

Local policy explains in detail the procedures to be used by Long Island University for compliance with the provisions of the Act. Copies can be obtained from the Office of Student Affairs and the Office of the Registrar. It is also printed in the Student Handbook and the University Bulletins. Questions concerning the Family Educational Rights and Privacy Act may be directed to these offices.

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 actions.

Student's Signature

Date

Received By: _____

Major: _____

Notarized By: _____