

Request to Prevent Disclosure Of Directory Information

The Family Educational Rights and Privacy Act designates certain information related to students as directory information and gives universities the right to disclose such information to anyone inquiring without having to ask the student's permission, unless the students specifically request in writing that such information not be made public without their written consent. The University of Baltimore has identified the following information as directory information that may be disclosed without prior written consent:

- Student's name
- Campus email
- Degree sought and time
- Major/minor fields of study
- College of major and year (freshman, sophomore, etc.)
- Degree sought and time
- Enrollment Status (full-time/part-time) including credit hours
- Dates of attendance
- Degrees, awards and honors conferred
- Participation in officially recognized activities and sports
- The most recent previous educational agency or institution attended by the student
- Fraternity/sorority and honor societies

If you wish to withhold the disclosure of directory information, complete the form below and submit it to the Office of the University Registrar.

Once received, all directory information will be withheld until such time that you notify the Office of the University Registrar 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 that we will be unable to comply with any requests received after your departure.

Please consider very carefully the consequences of any decision you make to withhold any category directory information, as any future requests for such information from other schools, prospective employers or other persons or organizations will be refused. The University of Baltimore will honor your request to withhold all directory information, but cannot assume responsibility to contact you when a request for information is received. Regardless of the effect upon you, the University of Baltimore assumes no liability for honoring your instructions that such information be withheld.

I have carefully read the above and request that my directory information not be disclosed to third parties without my written permission or as permitted by the law.

Last Name	First Name	Semester	Year
Street Address		Student Identification Number	
City, State, Zip		Telephone	
Student Signature		Date	

Please return completed form to:
 University of Baltimore | Office of Records and Registration
 Room 126 | 1420 N. Charles St. Baltimore, MD 21201
 E: records@ubalt.edu | T: 410.837.4825 | F: 410.837.4820