Restriction/Release of Directory Information

Name__________________________________________            Student ID_________________________________

In accordance with the Family Education Rights and Policy Act (FERPA) and University of Missouri Collected Rules, the University of Missouri – St. Louis recognizes “Directory Information/Public Information to mean a student’s name, address, telephone listing, e-mail, enrollment status, current academic level, major field of study, participation in officially organized activities, sports, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

Your name, local address, permanent address, e-mail address, and telephone numbers will be included in the electronic or printed Student Directories unless restricted by you with the submission of this form to the Registrar’s office or by changing your privacy settings in MyView by the end of the second week of a fall or spring semester (one week in summer). If you restrict release of information, your name will be excluded from Student Directories and no information will be released without your written consent unless it is required by a subpoena or other exception specifically cited in FERPA (https://www.umsystem.edu/ums/rules/collected_rules/information/ch180/180.020_student_records). The only exception is the assumption that you will want your name to appear in the Commencement Program at the appropriate time. All information other than Directory Information is automatically considered restricted and will not be released without your signed authorization or in accordance with specified exceptions, such as subpoenas and court orders (see link for details).

I am requesting my Directory Information be restricted from release without my written consent or as otherwise specified by Federal or State law. I understand that this restriction is in force until changed by my writing request.

______________________                                                                        __________________
Student Signature                                                                                      Date

I am requesting to rescind my previous request to restrict my Directory Information. I understand my Directory Information will be released in accordance to FERPA regulations as stated above.

______________________                                                                        __________________
Student Signature                                                                                      Date

Return signed form to: 269 MSC, One University Blvd, St. Louis, MO 63121
Fax: 314-516-7096
registration@umsl.edu
Privacy settings can also be updated in MyView by going to Main Menu>Self Service>Student Center>Personal Information>Other Personal>Privacy Settings