



Winona State University

Warrior Hub / Registrar • Maxwell Hall 209 • Winona MN 55987 • Ph: (507) 457-2800 • Fax: (507) 457-5578

NON-DISCLOSURE OF DIRECTORY INFORMATION REQUEST

The Family Educational Rights and Privacy Act of 1974 states: “An educational agency or institution may disclose personally identifiable information from the educational records of a student who is in attendance at the institution or agency if that information has been designated directory information.” However this law also requires institutions to refrain from disclosing directory information pertaining to students who request that they not disclose it.

Winona State University has designated the following kinds of information as directory information: *Name, Permanent Address, Local Address, Permanent Telephone Number, Local Telephone Number, WSU Email Address, Date of Birth, Place of Birth, Enrollment Status, Major and Minor Fields of Study and Licensure Programs, Participation in Official Recognized Activities and Sports, Weight and Height (of Athletic Team Members), Dates of Attendance, Degrees and Awards Received, Most Recent Previous Educational Institution Attended, Classification, Dates of WSU Graduation.* The University may disclose any of these items without prior written consent, unless notified in writing to the contrary.

This form is used by students to direct the University not to disclose directory information about them. If you file this form, requests for information about you will not be released to non-university people. Your name, address and other directory information about you will not appear in publications which are used by persons who are not employees of the university. For example, your name will not appear in campus directories, on Commencement programs seen by the public, or in news releases.

In order to carry out your request, the Registrar’s Office will notify other university offices employees, since any of them could inadvertently reveal your enrollment in the university if they had not been informed of your request.

Your request for non-disclosure of directory information will remain in effect until you notify us in writing to remove this data privacy indicator.

Do not disclose any of the information in the university’s files designated as directory information.

STUDENT NAME (PRINT) _____

STUDENT SIGNATURE _____

DATE _____ WARRIOR ID _____ DATE OF BIRTH _____

When this form has been completed, return it to the Registrar’s Office.