

UAMS Academic Affairs Policy - 2.1.2a



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

FERPA HOLD DIRECTORY INFORMATION FORM

Name: _____ UAMS ID: _____
Last First M.I.

Pursuant to the "Family Education Rights and Privacy Act of 1974" (FERPA), I request that the information classified as "directory information" be withheld by UAMS from public disclosure. Directory information includes, but is not limited to now or in the future, the student's: name; address; telephone listing; UAMS electronic mail (email) address; photograph; date and place of birth; major field of study; grade level; year in program, enrollment status (e.g., undergraduate or graduate, full-time or part-time); dates of attendance; degrees, honors and awards received; date of graduation, and the most recent educational agency or institution attended. By signing below, I confirm that I have read and understand the following:

- I understand that any information which has already been published cannot be removed from that publication;
- I understand that my name and UAMS email address WILL still appear in the UAMS global e-mail list and class schedules and rosters;
- I understand that my name WILL NOT appear in the Caduceus (UAMS Yearbook) if published, the UAMS Senior Wall, and UAMS graduation and Commencement publications and news releases;
- I understand that my name WILL NOT appear in alumni files or any other directory information file requests unless otherwise authorized through the standard provisions of FERPA; and
- I understand this request will remain in effect until I revoke it in writing or by signing the "Release" section below.

RESTRICT. By signing below, I request to *restrict* release of my directory information as explained above and in the UAMS FERPA policy (Academic Affairs Policy 2.1.2).

Student Signature Date

RELEASE. By signing below, I *release* all restrictions on the release of my directory information. I understand that my information is still protected by the standard provisions of FERPA.

Student Signature Date

Please submit completed form to the Office of the University Registrar:

Office of the University Registrar, University of Arkansas for Medical Sciences
4301 W. Markham, Slot 767
Little Rock, AR 72205
(501) 526-3220 (fax) ~ registrar@uams.edu (email)