Request to Suppress Directory Information
University of Maine at Augusta
Registrar's Office

Directory Information is information which can be released without the written consent of the student. At the University of Maine at Augusta, the following information is considered Directory Information:

- Name
- Address and phone number
- Enrollment status (full-time, part-time)
- Dates of attendance
- Date and place of birth
- Program of study (major)
- Degrees and awards received and when awarded
- Most recent previous educational institution attended
- Participation in sports and activities
- Appropriate athletic statistical data

No other information about a student (i.e. schedule, grades, etc.) will be released without the written consent of the student, except as provided for by the Family Educational Rights and Privacy Act (FERPA), as amended.

FERPA gives students the right to request that their Directory Information be suppressed. Should you request that your Directory Information be suppressed, any further requests for such information from non-institutional persons or organizations will be refused.

If you make this choice, the University of Maine at Augusta cannot assume responsibility to contact you for subsequent permission to release Directory Information and assumes no liability for honoring your instructions that such information be suppressed. The request to suppress Directory Information can be made at any time, but will not apply to the release of Directory Information which occurred prior to the receipt of this request. A student's request to suppress Directory Information will remain in force until the student provides written notification, requesting that Directory Information be released.

Request to Suppress Directory Information

I, _____, request that my Directory Information at the University of Maine at Augusta be suppressed. I understand that this means that none of the above information will be released to any non-institutional party requesting it (except as permitted by FERPA), including potential employers seeking to verify degree completion or dates of attendance or any organization seeking to verify enrollment or student status for purposes of establishing eligibility for insurance or credit.

_____ _____
Date Signature

*****Please note: If you later decide to change your confidentiality status, you must send a written request to the Registrar's Office asking to have confidentiality notation lifted.