



SUNY CANTON CONFIDENTIALITY REQUEST FORM

SUNY Canton has designated the following items as **directory information**: name, address, phone number, campus e-mail address, date of birth, major field of study, dates of attendance, degrees and other awards received, date(s) of graduation, participation in officially recognized sports and activities, and most recent previous educational institution attended.

The Family Education Rights and Privacy Act requires that **no academic or other non-directory information** be released at any time, verbally or in writing, without your written permission. However, you can also restrict the release of the above listed **directory information items** by completing the **Confidentiality Request Form** below. Please understand that, if you request confidentiality, no information will be released to anyone without your written permission. **Information will not be released to prospective employers, insurance companies, credit agencies, etc. and will not appear in any published listing, including Deans' and other honors lists, lists of graduates or other such listings.**

Name (Please Print):

ID Number:

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I hereby request that the above listed Directory Information be withheld from release. I understand that under no circumstances will this information be released to anyone, including me, unless requested in writing with my signature or in person with proper identification. I understand that if anyone requests information in person, by mail, by FAX or by telephone, SUNY Canton will respond with the statement: **“We are unable to release any information on that individual.”**

Please place the confidentiality hold on my records at SUNY Canton.

By signing this form, I indicate my understanding of the conditions stated above.

This hold will remain in effect until I request in writing to have it removed.

Effective Date:

Student Signature:

Date:

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Please remove the confidentiality hold from my records at SUNY Canton.

By my signature below, I request that the confidentiality hold be removed from my records and that release of my Directory Information no longer be restricted.

Effective Date:

Student Signature:

Date:

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