

510-B Request to Opt Out of Directory Information



At Mercy College of Ohio, the following information about a student is considered directory information and can, under provisions of the Family Educational Rights and Privacy Act (FERPA), be released to the general public and/or for other purposes at the discretion of our institution.

Name	Awards
Address	Honors (includes Dean's List)
Telephone listing	Degree(s) conferred and dates
Dates of attendance	Status (undergraduate/graduate, full/part-time)
Electronic mail address	Class
Most recent educational agency or institution(s) attended	Date and place of birth
Field of study	Photograph

Even though such information may be disclosed without student consent, Mercy College of Ohio school officials generally only make such disclosures when they believe it is in the student's best interest to do so or the disclosure is not otherwise considered harmful to students' privacy.

By completing this form, you are requesting that the above directory information NOT be released without your express written consent unless otherwise allowed under FERPA.

Please consider carefully the consequences of any decision to restrict directory information. Some effects of your decision could be that your name will not be printed in publications such as the commencement program without a signed authorization form, and information that you are a student here will be suppressed, so that if a loan company, prospective employer, family member, etc., inquire about you, they will be informed that we have no record of your attendance here. The college will honor your request to restrict the disclosure of directory information but cannot assume responsibility to contact you for subsequent permission to release such information. Regardless of the effect upon you, the college assumes no liability for honoring your instructions to restrict directory information.

Once you have signed and returned this form to opt-out of the disclosure of directory information, this information will not be disclosed without your prior written consent unless you submit a signed revocation of this form.

PRINT	Last Name	First Name	Student ID #
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Student Signature	Date
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Office: Student Records
Date: 04/30/2018
Copies to: Student's Permanent File