



Fairfax University of America
 4401 Village Drive
 Fairfax, VA 22030
 Phone: 703-591-7042
 Fax: 703-591-7048 Email:
 registrar@fxua.edu

Directory Information Withhold/Release Form

Request to Prevent Disclosure of Directory Information

*Purpose of this form: Use this form if you do **NOT** want the University to release your address, telephone number, e-mail or other directory information OR you no longer wish to prevent the disclosure of your directory information. Please submit this form to the Registrar's Office, and you must present your picture ID card.*

In compliance with Public Law 93-380, 'The Family Education Rights and Privacy Act', which is Section 438 of the General Education Provision Act, FXUA has adopted policies and procedures that permit the student the opportunity to view his or her educational records upon request. The items listed under **Directory Information** may be released in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. Under the provisions of FERPA, as amended, you have the right to withhold the disclosure of **Directory Information**. Please consider carefully the consequences of any decision to withhold **Directory Information**. Should you decide to inform this institution not to release **Directory Information**, any future request for such information from non-institutional persons or organizations will be refused. For example, the university would be unable to verify degree, major or enrollment for possible employment, credit card applications, insurance purposes, apartment leases, etc.

Should you decide to withhold Directory Information, you may cancel withhold directory at a later date by submitting a signed release form. See below for

Note to students about to graduate: The withhold directory flag will remain on your records after graduation if you have requested that the information be withheld; therefore, **we will not be able to verify your degree to potential employers.** (See below for removal of **Withhold Directory Information** designation.)

FXUA will honor your request to withhold the information listed below but cannot assume responsibility to contact you for subsequent permission to release that information. Regardless of the effect upon you, FXUA assumes no liability for honoring your request for information to be withheld.

Directory Information includes the following:

- Name
- Addresses
- Telephone number
- Date and place of birth
- Program of study
- Dates of attendance
- Certificate, Diploma and degrees awarded

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Withhold Directory Information

I want **Directory Information** to be *withheld*. (**Directory Information** includes all items listed above.)

Name (print) _____

FXUA ID# _____ Date _____

Signature _____

From the ~~date~~ this form is received in the Registrar's Office, we will honor your request to **Withhold Directory Information** until you request in writing that you wish to remove the **Withhold Directory Information** designation. You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Directory Information designation.

Release Directory Information

I want **Directory Information** to be *released*. (**Directory Information** includes all items listed above.)

I no longer wish to prevent the disclosure of my **Directory Information** and release FXUA from any responsibility to withhold open **Directory Information** from the date this form is received in the Registrar's Office.

Name (print) _____

FXUA ID# _____ Date _____

Signature _____

Effective from the date this form is received in the Registrar's Office.

Office Use Only

Processed By: _____ Date: _____

Informed Admissions Office Accounting Office Academics ISS Office IT Department

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