

UAMS Academic Affairs Policy - 2.1.2a



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES Family Educational Rights and Privacy Act (FERPA)

HOLD DIRECTORY INFORMATION

Please Print:

Name _____
First
Last
MI

College _____ UAMS ID _____

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.

includes, but is not limited to, the student's name; address; telephone listing; UAMS electronic mail 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.

I am aware that any information which has already been published cannot be removed from that publication.

I understand that my picture and name will appear in the annual UAMS Caduceus (yearbook); the UAMS global e-mail list, class schedules, and graduation materials unless I contact my college personally to make arrangements to exclude this information.

I understand this request will remain in effect until I revoke it in writing.

RESTRICT _____ Date: _____
 Sign here to **RESTRICT** information

RELEASE _____ Date: _____
 Sign here to **RELEASE** information previously restricted