

# UAMS Academic Affairs Policy - 2.1.2a



UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

## FERPA HOLD DIRECTORY INFORMATION FORM

Name: \_\_\_\_\_ UAMS ID: \_\_\_\_\_  
Last First M.I.

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. Directory information includes but is not limited to now or in the future, the student's name; address; telephone listing; UAMS electronic mail (email) 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. By signing below, I confirm that I have read and understand the following:

- I understand that any information which has already been published cannot be removed from that publication.
- I understand that my name and UAMS email address WILL still appear in the UAMS global e-mail list and class schedules and rosters.
- I understand that my name WILL still appear in the Caduceus (UAMS Yearbook), the UAMS Senior Wall, and UAMS graduation and Commencement publications and news releases, unless I specifically restrict such publication using the specified section below. BOTH "Restrict" sections must be signed to designate this restriction.
- I understand that my name will NOT appear in alumni files or any other directory information file requests unless otherwise authorized through the standard provisions of FERPA.
- I understand this request will remain in effect until I revoke it in writing or by signing the "Release" section below.

**RESTRICT – General.** By signing below, I request to restrict release of my directory information as explained above and in the UAMS FERPA policy (Academic Affairs Policy 2.1.2).

\_\_\_\_\_  
Student Signature Date

**RESTRICT – Commencement and Graduation.** By signing below, in addition to restricting the release of my directory information, I also request that my name not be included in any Commencement or graduation-related publications, such as Caduceus, the Commencement guide and related publications, UAMS graduation news releases, and the UAMS Senior Wall.

\_\_\_\_\_  
Student Signature Date

**RELEASE.** By signing below, I release all restrictions on the release of my directory information. I understand that my information is still protected by the standard provisions of FERPA.

\_\_\_\_\_  
Student Signature Date

Please submit completed form to the Office of the University Registrar:

Office of the University Registrar, University of Arkansas for Medical Sciences  
4301 W. Markham, Slot 767  
Little Rock, AR 72205  
(501) 526-3220 (fax) ~ [registrar@uams.edu](mailto:registrar@uams.edu) (email)