



Office of the Registrar

Marian College
3200 Cold Spring Road
Indianapolis, Indiana
46222-1997

(317)955-6050

(317)955-6575 FAX

regis@marian.edu

[http://www.marian.edu/
registrar.asp](http://www.marian.edu/registrar.asp)

FERPA Request Form

Today's Date _____

Name _____

ID# _____

I, _____, in accordance with my rights under the Family Educational Rights and Privacy Act of 1974 request that "Directory" information not be released. I understand that "Directory" information is defined as: Student's name, campus address, off-campus address, email address, telephone number, voice mail number, date of birth, photograph, major field of study, participation in college activities and sports, physical and performance statistics of members of athletic teams, dates of attendance, full-time/part-time status, degrees, awards, and honors (including the Dean's List) and most recent previous institution attended by student.

For emergency contact purposes only, please print your address, phone numbers, and email addresses below.

Address _____

City _____ State _____ Zip _____

Phone Number(s) including area code, and email addresses

I have read and understand this special procedure.

Signed _____

This request is in effect for the remainder of the term. It must be requested/renewed with the Office of the Registrar within the first 15 days of each term.

Registrar's Office Copy

Student Copy