

FERPA Request Form
(do not release directory information)

Office of the Registrar • 3200 Cold Spring Rd., Indianapolis, IN 46222
Phone: 317.955.6050 • Fax: 317.955.6575 • <http://www.marian.edu/current-students/registrar>

Name: _____
Please list all names used while in attendance.

Student ID or SSN: _____ **Today's Date:** _____

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.

Street _____

City _____ State _____ Zip _____

E-mail(s): _____

Phone 1: _____ Phone 2: _____

Other: _____

I have read and understand this special procedure.

Student signature*: _____ **Date:** _____

*This document requires an original/legal signature. A typed in name will not be accepted as a signature.

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.