

University of South Carolina Beaufort Office of the Registrar
Student Privacy Request Form

In accordance with the Family Educational Rights and Privacy Act (FERPA), items designated as “**Directory Information**” may be disclosed without prior written consent, unless the student has submitted this written request **not to release** his or her directory information.

The following information is designated as Directory Information by the University of South Carolina Beaufort:

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| 1. Name | 9. Admission Date |
| 2. Email | 10. Expected and Actual Date of Graduation |
| 3. USC ID Photo | 11. Curriculum (school, major, minor, concentration, degree) |
| 4. Local and Permanent Address | 12. Honors, Awards and Scholarships |
| 5. Telephone Numbers | 13. Weight and Height of Athletic Team Members |
| 6. Attendance | 14. Participation in officially recognized, University sponsored activities and sports |
| 7. Current Enrollment Status | |
| 8. Enrollment Status (full or part-time) | |

This privacy request **WILL NOT PREVENT** the Office of the University Registrar and or Internal offices and/or agents of the University System from....

- *Releasing information to your parents if they provide evidence that you are their dependent.
- *Obtaining the above information to conduct official University business.
- *Releasing information to authorized financial aid agencies as permitted by the Federal Family Educational Rights and Privacy Act of 1974.
- *Releasing information in response to a lawfully-issued court order or subpoena.

This privacy request **MAY PREVENT** your name from appearing in external honors, awards, commencement programs, news releases, etc.

Indicate your request below by checking the appropriate box:

- DO NOT RELEASE my directory information. Do not include my information in the printed or online directories
- CANCEL my previous request, effective immediately, preventing the release of my directory information. Please include my information in the printed and online directories

Student Name (PRINT) _____ Student ID _____

Student Signature _____ Date _____

RETURN THIS FORM TO THE OFFICE OF THE USCB REGISTRAR

NOTE: All changes will go into effect within two business days after receipt of this form by the Office of the University Registrar

University Registrar’s Use Only:	Processed by: _____	Date: _____
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