

**West Virginia University**  
**STUDENT CONFIDENTIALITY FORM**  
**(Prevent disclosure of directory information)**

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Student ID Number

\_\_\_\_\_  
Name (please print)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold "Directory Information".

Please consider carefully the consequences of any decision to withhold "Directory Information".

Should you decide to inform the institution not to release "Directory Information," any future request for such information from NON-INSTITUTIONAL persons or organizations will be refused. This includes recognition in public events such as WVU Commencement or Commencement programs.

**NOTICE**

By completing and signing this form, West Virginia University will not disclose Directory Information until you reverse this procedure. To do so, you must complete the Release Confidentiality (Reinstate Directory Information) form and mail to:

Office of the University Registrar  
PO Box 6878  
Morgantown WV 26506-6878

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

\_\_\_\_\_  
Date

**Notary Required**

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to wit:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_ by \_\_\_\_\_.

My commission expires: \_\_\_\_\_.