

NON-DISCLOSURE FORM

Arkansas State University-Beebe
Office of the Registrar
PO Box 1000
Beebe, AR 72012
PH: 501.882.4415 FAX: 501.882.4421



REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

First Name

MI

Last Name

Student ID:

Under provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, you have the right to withhold the disclosure of any "Directory Information."

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of Arkansas State University-Beebe.

The following Directory Information will not be disclosed without written authorization from the student:

Name

Local and permanent physical addresses

Electronic mail addresses

Telephone listings

Photographs and electronic images

Date and place of birth

Major field of study

Participation in officially recognized activities and sports

Weight and height of member of athletic teams

Dates of attendance

Degrees and awards received

The most recent previous educational agency or institution attended

Student signature

Date

This request will be effective until revoked in writing by student. ASU-Beebe reserves the right, as required by law, to disclose educational records without consent to certain parties.