

UNIVERSITY OF HAWAI'I  
**REQUEST TO OPT OUT OF DIRECTORY INFORMATION**

At the University of Hawai'i, the following information about a student can, by law, be released to the general public:

- Your name
- Major field of study
- Education level (i.e., freshman, sophomore, etc.)
- Fact of participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Most recent educational institution attended
- Degrees and awards received
- Enrollment status (full-time and part-time)

You have the opportunity to suppress this information from public release. By signing this non-disclosure form, the above information will not be released to non-University personnel.

Note that if you decide to withhold directory information, the University will be unable to confirm your enrollment to prospective employers. I further understand that this request will be honored until rescinded by me in writing. Please consider very carefully the consequences of any decision by you to withhold directory information.

I request non-disclosure of my directory information.

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(UH Number)

\_\_\_\_\_  
(Birth Date)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

*Please note:* This request to suppress information from public release does not apply to class rosters such as those located on MyUH and Laulima. According to FERPA, a student cannot remain anonymous in class.

Non-disclosure of directory information does not prevent University of Hawai'i from disclosing personally identifiable information from a student's record to authorized representatives of federal, state and local agencies when that disclosure is in connection with financial aid for which the student has applied or which the student has received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

The institution will honor your request to withhold your directory information but cannot assume responsibility to contact you for subsequent permission to release them. Your request for non-disclosure will remain in effect until rescinded in writing.

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UNIVERSITY OF HAWAI'I  
**REQUEST FOR REVOCATION OF NON-DISCLOSURE  
OF DIRECTORY INFORMATION**

I hereby authorize the University of Hawai'i to remove the non-disclosure block from my education record.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date of Revocation)

\_\_\_\_\_  
(Student Record Representative)

\_\_\_\_\_  
(Representative's Signature)