# REQUEST TO WITHHOLD/REINSTATE RELEASE OF DIRECTORY INFORMATION

**The University of Tennessee at Chattanooga**
**The Records Office, Dept. 5155**
**615 McCallie Avenue**
**Chattanooga, TN 37403**

The Family Educational Rights and Privacy Act (FERPA) designates certain information related to students as "Directory Information" and gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the student specifically requests in writing that all such information not be made public without their written consent. If you wish to withhold the disclosure of Directory Information, complete the form below and submit it to the Records and Registration Office.

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), The University of Tennessee at Chattanooga has determined the following information to be Directory Information. Directory Information is not considered harmful or an invasion of privacy and may be disclosed to a third party without written consent.

Name
Address
Telephone Listing
UTC E-mail Address
Major Fields of Study
College
Classification
Participation in Officially Recognized Activities and Sports
Weight and Height of Athletic Team Members
Dates of Attendance
Enrollment Status
Degrees and Awards Received
Dates of Degrees
Most Recent Previous Educational Agency or Institution Attended

**Please consider very carefully the consequences of any decision to withhold Directory Information, as any future requests for such information from non-institutional persons or organizations will be refused including prospective employers, enrollment verifications, etc. UTC will honor your request to withhold Directory Information but cannot assume responsibility to contact you for subsequent permission to release any information.**

I, _____, have carefully read the above and request that Directory Information not be disclosed to any non-institutional persons or organizations by the University without my prior written permission. This request remains in effect until revoked by me. **If you do not receive an email from the Records Office within 24 hours that this request has been applied to your information, please contact the office immediately.**

_____ _____ _____
Student Signature Date UTCID

I, _____, revoke my previously submitted request to have my directory information withheld. The University may release my directory information without prior written consent from me.

_____ _____ _____
Student Signature Date UTCID