



# Larkin University

## FERPA NON-DISCLOSURE OF DESIGNATED DIRECTORY INFORMATION

\_\_\_\_\_  
PRINT Student's Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Permanent Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

The Family Educational Rights and Privacy Act (FERPA) permits the release of Directory Information about a student to third parties outside the institution without the student's written consent, as long as the student has been given the opportunity to opt out of such disclosure. Students may withhold the disclosure of Directory Information by completing this form and presenting it to the Registrar's office within ten (10) calendar days of the first scheduled class day of each fall semester. A request to withhold disclosure of Directory Information is effective for one academic year only and must be renewed each year.

By signing this form, I request the withholding of the following information which Larkin Health Sciences Institute has designated as Directory Information:

- Student's name, address, phone number
- Program of study
- Dates of attendance, degrees and awards received
- Most recent education institution attended
- Full-time/part-time enrollment status
- Photo
- Email

I have read this form carefully and understand the ramifications of my decision to prevent release of any of my Directory Information. I understand that upon submission of this form, information that identifies me and that the University has designated as Directory Information cannot be released to any third parties (including but not limited to parents, potential employers, insurance agencies, providers of non-LHSI scholarships, and financial institutions) without my written consent (unless the disclosure is allowed by one or more exceptions provided by FERPA).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete this section only if you wish to revoke an earlier signed FERPA NON-DISCLOSURE OF DESIGNATED DIRECTORY INFORMATION form.**

I wish to **revoke** my request to withhold the disclosure of Directory Information effective immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Registrar's Office  
18301 N. Miami Avenue | Office: 2308 | Miami | Florida | 33169  
Ph. 305.760.7514 | Fax 305.760.7450 | [dgivens@ularkin.org](mailto:dgivens@ularkin.org)