

Authorization to Withhold Directory Information

Office of the Registrar
Louisiana State University Eunice
P.O. Box 1129 • Eunice, LA 70535

Student Authorizing Release of Records:

Name of Student (Last, First, Middle Initial):			
LSUE ID #		Date:	

The following is considered *directory information* at Louisiana State University at Eunice and will be made available to the general public unless the student notifies the Office of the Registrar:

- Student's name, local address, and telephone number
- Student's home address
- Student's e-mail address
- Student's major field of study/classification
- Student's participation in officially recognized activities and sports; weight and height of members of athletic teams
- Dates of student's attendance
- Degrees, awards, and honors received by student
- The most recent previous educational institution attended by the student

Under the provisions of the *Family Educational Rights and Privacy Act of 1974* you have the right to withhold disclosure of such directory information and LSU Eunice will honor your request to withhold directory information.

Please consider carefully the consequences of any decision to withhold such directory information. Should you decide not to release any of this information, any requests for such information from LSU Eunice will be refused.

This request must be signed in the presence of a staff member of the Office of the Registrar or it may be downloaded printed, signed, and emailed from the student's LSU Eunice email account. This authorization is valid until a written request to rescind is received by the Office of the Registrar.

"I hereby request LSU Eunice not to release any directory information/ I have read the above paragraphs and understand the consequences of my actions."

Student Signature _____ Date _____

For office use only:
Received by _____ Date _____
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