



For Office use only: Authorized initials: _____ Date Completed: _____
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Student Directory Opt-Out Request and Authorization

in accordance with Family Educational Rights and Privacy Act (FERPA)

Pursuant to the Family Educational Rights and Privacy Act of 1974 and amendments thereto, you have the right to prevent the disclosure of all or part of what is considered “Directory Information,” which otherwise may be released for any purpose at the discretion of VCOM. Notification to refuse the release of directory information must be made no later than 30 days after the commencement of the academic year by completing this form and returning it to the Office of the Registrar. As long as a restriction is in place, directory information will not be made publicly available without your specific prior written authorization. Please consider the consequences of withholding directory information. For example, the College is unable to verify attendance and degree(s) for students who have withheld their directory information. VCOM shall comply with your request, except as otherwise required by law.

VCOM reserves the right to change the categories of Directory Information at any time.

VCOM **may not share** any of the following checked directory information with anyone outside of the College:

Student name	Degrees and awards received
Address (permanent and mailing)	Name of the undergraduate college(s) attended
Telephone numbers (land and cell)	Residency program matched
VCOM email address	Photographs
Date and place of birth	Participation in student activities
Major field of study	Marital status
Dates of attendance	Social security number for COMLEX and USMLE testing registration
Enrollment status	

I understand that this restriction stipulation shall remain in effect until removed in writing by me, even if I have withdrawn or graduated. As long as an opt-out is in place, directory information will not be made available without my specific prior written authorization.

Student Name: _____ VCOM Email: _____
Last name, first name, middle initial

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

I hereby cancel this Request and Authorization to restrict disclosure of my directory information.

Date this _____ day of _____, 20__.

Student Signature: _____