

Registration & Records Office • Smyth 1 4245 East Ave • Rochester, NY 14618 Phone (585) 389-2800 • Fax (585) 389-2612 Email reg@naz.edu

Request to Opt Out of Directory Information

Completed form must be returned to the Registration & Records Office (picture ID required)

Last Name, First Name	Student ID #
Address	City/State/Zip
Email	Phone
Educational Rights and Privacy Act of 1974, as a	ident education records in accordance with the Family amended (FERPA). Other than directory information areth will disclose student education records only with
status will be that you must make all address cha form of ID; friends or relatives trying to reach you information that you are here as a student will be	e of the effects of your decision to request confidential anges with a signed authorization or in person with a
	cation, it will not be removed until you submit a signed igning below, you are formally requesting to "opt out"
Student Signature	
sign this form in the Registration & Records C	omitting this form must produce picture identification and Office (Smyth 1) OR have his/her signature notarized.
For Office Use Only: PERC Code Added:	Processed By: