



# Student Consent for Information Release

## DIRECTORY INFORMATION: Information the university is allowed to release

As part of the daily operations of the university, students, staff and faculty have access to directory information, which includes such information as a student's full or part-time enrollment, their local address and phone number, etc. The university catalog *specifically lists the items* which are considered directory information, and **these items do not require the student's permission to be released.**

Having the directory information available enables the university to assist students in many ways. If you refuse to have directory information disclosed, you must **make your request in writing** to the Dean of Students no later than the **second week of class** during the fall semester.

**All Drury University students are requested to complete the form below, sign, and submit it to the registrar.**

## PART ONE: Information Released to the Media

The public relations office receives requests and makes available to the news media information about student's activities such as academic accomplishments (*i.e., Dean's List, awards, recognitions and honors*) as well as organizational/club involvement.

If you would prefer that such information **NOT** be available to the news media, please check this box:  Do not release this information.

## PART TWO: Information Used to Secure Scholarships and Other Awards

The Offices of Financial Aid and Office of Institutional Advancement are frequently asked to provide information to donors of scholarships that you have received or which you might receive. They may also seek scholarship donations on behalf of Drury University students utilizing the same type of information. This information may include (a) biographical and extracurricular information, including but not limited to name, home town, and club membership; (b) information about academic progress, including but not limited to, program of study (major) and class year; (c) plans after graduation.

**Checking the following box might make it more difficult for the University to process scholarship applications on your behalf.**

If you **object to** scholarship donors having this information about you, please check this box:  Do not release this information.

## PART THREE: Information Released to Individuals, Family Members, etc.

By law, Drury University officials are not permitted to give any information to any person, including a student's parents and/or guardians, about the student's 1) academic progress, including grades 2) payment status or financial aid or 3) personal development or disciplinary matters. However, it is often the student's wish that information be released to their parents or other designated individuals who may seek information from the university.

If you agree to make information about your academic progress, financial status, or personal/disciplinary matters available to your parents, relatives, or other parties, please list their names below and **CIRCLE the type of information that you would like released to each person.** If you would wish to request that information be withheld from any of these parties, please list the name and circle "Release no information."

- |                                |          |           |          |                                       |
|--------------------------------|----------|-----------|----------|---------------------------------------|
| 1. Name: _____                 | Academic | Financial | Personal | Release no information to this person |
| Relationship to student: _____ |          |           |          |                                       |
| 2. Name: _____                 | Academic | Financial | Personal | Release no information to this person |
| Relationship to student: _____ |          |           |          |                                       |
| 3. Name: _____                 | Academic | Financial | Personal | Release no information to this person |
| Relationship to student: _____ |          |           |          |                                       |

Please Print Your Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed, please **RETURN** this form to the **Registrar's Office** in Bay Hall.