Stony Brook University

-FERPA -

Family Educational Rights Privacy Act

Request to Suppress/Release Directory Information

OFFICE OF THE REGISTRAR

Return completed form to: 276 Administration Bldg. Stony Brook, NY 11794-1101

•	ber and Information in the spaces pr	
Student <u>Last</u> Name (Please Print)	Student First Name	Stony Brook ID (if unknown, provide SS#)
Home Phone number with area code	Daytime (work) phone with area code	Student Major (if applicable) College (if applicable)
		☐ CAS ☐ CEAS
Home address including street number, city,	state and zip code	
E-mail Address		First attendance at Stony Brook: Term and ↓ YEAR ↓
		Fall Spring Summer
2. Read the following statements:		
 submit it to the Registrar's Off Certain student information is Information and will remain princludes: 	ice considered to be open to the public upon ublic unless suppression is requested by o	ine appear please fill out the FERPA Release form and inquiry. This public information is called Directory completing this form. Directory Information on attended, Local Address & Phone, Classification,
Participation in officially recognand weight of members of athle	gnized activities and sports, Permanent A	ddress, Year in School, Height ndance, Date of Graduation, Date and Place of
"suppress," we will not pub you have previously requeste This request is an "all or noth you sign this request, all Dire Complete information regardin http://www.stonybrook.edu/regi The University at Stony Brook administrative purposes. Also	elish or share your information with inced suppression, and we will publish and/oring" request. There is no method for supprectory Information described above will be greatly and be found on the Website strar/> makes use of the Social Security Number, Congress requires the use of the SSN be made to protect the privacy of the SSN be	pressing or releasing selected types of information. I be affected.
	WARE THAT A SOCIAL SECURITY OF FINANCIAL AID OR TAX RELA	
3. Select "Suppress" or "Release."		
SUPPRESS	\square R	ELEASE (I have previously suppressed my Directory Information and now wish to release it)
4. Supply signature(s) below. This	form will not be processed without	a student signature and a witness signature.
Student Signature		Date
Witness or Notary Public (Notary stamp requi	red if form is not signed in person at the Office of	f the Registrar) Date