

The City University of New York
CUNY SCHOOL OF LAW
Law in the Service of Human Needs

2 Court Square
Long Island City, New York 11101

DIRECTORY INFORMATION NON-DISCLOSURE FORM

This form must be filed with the Office of Registration & Student Records Management if you do not wish any or all directory information disclosed without your prior consent. Directory information otherwise may be available to any parties deemed to have a legitimate interest in the information. The instructions on this form may be changed at any time by filing a new form with the Office of Registration & Student Records Management. You should initial the appropriate spaces.

Name of Student: _____

Student ID Number: _____

A. ____ I do not want any directory information disclosed without my prior consent. *(If you initial this space you do not have to fill out the rest of this form, but must date and sign below.)*

B. ____ I do not want the following categories of directory information disclosed without my prior consent.
INITIAL THOSE ITEMS THAT YOU DO NOT WANT RELEASED.

- ____ Name
- ____ Address
- ____ Email address
- ____ Telephone number
- ____ Date of birth
- ____ Place of birth
- ____ Level of education (credits) completed
- ____ Dates of attendance
- ____ Major field of study
- ____ Degree enrolled for
- ____ Previous schools attended
- ____ Degrees and awards received
- ____ Photograph
- ____ Full or part-time status
- ____ Enrollment status (undergraduate, graduate)
- ____ Participation in officially recognized student activities other than sports

C. ____ I want my prior instructions not to release directory information withdrawn. I now authorize the Law School to release all of my directory information to parties with a legitimate interest.

Date: _____ Signed: _____