FERPA DISCLOSURE OF DIRECTORY INFORMATION

Under the Family Educational Rights and Privacy Act of 1974, as amended by the U.S. Department of Education, William Jessup University has the right to disclose directory information regarding its students to anyone who asks for the information, unless the student denies the University that right. Directory Information includes: student’s name, parents' names, student’s address, telephone number, date and place of birth, major field of study, participation in officially recognized sports and activities, weight and height of members of athletic teams, dates of attendance, degrees and awards received, most recent school attended, and photograph.

Students have the option of choosing whether or not they authorize WJU to release their directory information. If students choose not to allow their directory information to be disclosed, WJU will not be allowed to announce any awards received, include students’ name and degrees in the graduation program, nor release any information to potential employers, graduate schools, or seminaries.

Other student information, beyond the scope of directory information, cannot be disclosed without express written consent. You are provided an opportunity to authorize specific persons access to other student information below. Please consider each option carefully.

**Initials**

- _____I (please check one)  □ do  □ do not  authorize WJU to release my directory information.
- _____I (please check one)  □ do  □ do not  authorize WJU to release my email address to be shared with other students and with my instructors at William Jessup University.

My email address is: ________________________________

- _____I give permission for the following information....:
  - □ Financial Aid  □ Student Life (housing or student activities)
  - □ Business Office (student account)  □ Registrars Office (academic records)
  - □ None of the above

…to be released to the below stated parties until otherwise notified (check all that apply):

<table>
<thead>
<tr>
<th>Name of authorized party</th>
<th>Relationship to student</th>
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I understand that this form is maintained in my student records and may be updated at any time.

**Printed name**

________________________________________

**Student ID# or SSN**

________________________________________

**Signature**

________________________________________

**Date**

________________________________________