



**Office of the Registrar**  
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 http://www.wright.edu/registrar

**REQUEST TO PREVENT RELEASE OF PUBLIC INFORMATION**

Information identified as Public Information may be released to anyone without the student's written consent. Public Information at Wright State University is defined to include:

- Student's Name \*
- All addresses including e-mail \*
- Telephone listings \*
- Major field of study
- Dates of attendance
- Full or part-time status
- Number of hours registered
- Special honors and awards
- Degrees awarded and total hours earned
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Most recent previous educational agency or institution attended by the student
- Class standing (freshman, sophomore, junior, senior, graduate, or professional)

\* These items are included in the WSU telephone directory

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), however, a student has the right to withhold the release of all public information and may do so by completing and signing this form. A privacy hold will be in effect until the student reverses the privacy hold.

Please consider very carefully the consequences of a decision to request that Public Information not be released. Should you request that Wright State University not release this information, inquires from persons or institutions outside the University cannot be honored regardless of the reason(s) for the request. Wright State University will honor your request to prevent the release of all public information but cannot assume responsibility for contacting you for subsequent permission to release items of public information. In addition, because all University directories will indicate that you desire to prevent the release of public information, and because these directories cannot be amended, a request made during the first week of classes will be in effect for the entire quarter, without exceptions.

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 I REQUEST THAT **NO** PUBLIC INFORMATION PERTAINING TO ME BE RELEASED TO NON-UNIVERSITY PERSONS OR ORGANIZATIONS. Proof of personal identification is required.

Name \_\_\_\_\_  
                     Last                                    First                                    M I                                    University ID Number

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

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 I REQUEST THAT PUBLIC INFORMATION PERTAINING TO ME BE RELEASED TO THOSE PERSONS REQUESTING IT. Proof of personal identification is required.

Name \_\_\_\_\_  
                     Last                                    First                                    M I                                    University ID Number

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