University of Arkansas for Medical Sciences
College of Nursing

HOLD DIRECTORY INFORMATION

Name: _____
First Name Last Name MI

UAMS Student ID #: _____

Pursuant to the "Family Education Rights and Privacy Act of 1974" (FERPA), I request that the information classified as "directory information" be withheld by the University from public disclosure through such means as certifications of enrollment, addresses, telephone listings, degrees awarded, etc. However, I understand that this information may be provided to the University of Arkansas for Medical Sciences officials and other specified individuals as prescribed by FERPA.

I am aware that any information which has already been published cannot be removed from that publication.

I am also aware that my e-mail address is maintained by UAMS and is for university use only; therefore, is an exception to request.

I understand this request will remain in effect until I revoke it in writing.

RESTRICT _____ Date: _____
Sign here to **RESTRICT** information

RELEASE _____ Date: _____
Sign here to **RELEASE** information previously restricted