Office of the Registrar

6965 Cumberland Gap Pkwy., DAR 102

Harrogate, TN 37752

(423)869-6434

**Request to restrict Release of Directory Information**

Lincoln Memorial University (LMU) may release Directory Information without student consent, in accordance with the provisions of the Family Education Rights and Privacy Act (FERPA).

Students may request to restrict the release of Directory Information by submitting this form to the Office of the Registrar. The University will honor the request for the academic year when the request is made. *A Request to Restrict Release of Directory Information must be completed each academic year.* **Please** **consider very carefully the consequences of any decision to restrict the release of any category of “Directory Information.”** For example, a decision to restrict release of your name could affect the ability of your friends or family to reach you through the University. Also, information that you are a student here will berestricted, so if a loan company, prospective employer, or another educational institution inquires about you they will beinformed that we have no record of you attending the University.

Please check the appropriate boxes and affix your signature below to indicate your desire to restrict release of the following Directory Information for the academic year:

[ ]  **all directory information** [ ]  name

[ ]  local address [ ]  telephone number

[ ]  e-mail address [ ]  class (freshman, sophomore, etc.)

[ ]  date and place of birth [ ]  photographs

[ ]  major and minor fields of study [ ]  honors, degrees, and awards received

[ ]  participation in officially recognized activities and sports

[ ]  height and weight of student-athletes

[ ]  enrollment status, including full and part-time status

[ ]  most recent educational agency or institution attended

**Lincoln Memorial University assumes no liability for the resulting consequences of honoring your instruction to restrict the release of the above information.**

**Student Name:** Click here to enter text. **Student ID:** Click here to enter text.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note:*** A student may at any time revoke this request by completing a Request to Revoke Restriction on Release of Directory Information and submitting same to the Registrar.