St AMBROSE UNIVERSITY

Privacy Request

In compliance with the Family Education Rights and Privacy Act of 1974, a student may request that no public information be released outside of St. Ambrose University, without specific written authorization.

The University assumes that failure on the part of the student to request the withholding of Directory Information indicates approval for the disclosure.

Public Information at SAU

- **Name**
- **Local Address**
- **Enrollment status**
- **Expected date of graduation**
- **SAU degree(s) and date(s) awarded**
- **Name(s) of advisor(s)**
- **Previous educational institutions attended**
- **Gender**
- **Weight and height of members of athletic teams**
- **Participation in officially recognized activities and sports**

- **Telephone number**
- **Hometown**
- **Dates of attendance at SAU**
- **Awards and academic honors**
- **Academic program**
- **Full- or part-time status**
- **Mailing address**
- **Date and place of birth**
- **Parents/Guardians names & addresses**
- **University E-mail address**
- **Photograph(s)**

If you request that no public information be released, you should be aware of the following:

1. A third party, such as a prospective employer, must submit with each request your written authorization before SAU can release or verify any information about you.
2. University publications, such as the *dean's list* and *student directory,* will not list your name or any other information about you.
3. SAU assumes no liability as a result of honoring your request that public information be withheld.
4. All requests for release of information should be submitted within two weeks of the beginning of the semester.
5. Each request will remain in effect on a continuing basis until the Office of the Registrar is informed, in writing, to the contrary by the student or former student. (Retraction of request form)

I have read and understand the above circumstances and hereby request that no public information be released by St. Ambrose University.

_____   _____

Student's Signature   Date of Request

_____

Print Full Name (Last, First, Middle)

Student ID Number   _____

Phone Number   (_____) _____-_____

If you have any questions, please contact the Office of the Registrar at registrar@sau.edu.