Request to Restrict Directory Information
To be completed by any student who wishes to opt out of the release of their Directory Information

The University considers the information listed below public directory information. You have the right to request that the University not release your directory information to the public. If you do not complete this Request to Restrict Release of Directory Information form (“opt-out form”), the University considers you to have consented to the public release of your directory information as follows:

- Student name
- Email address
- Telephone number
- Dates of attendance
- Degrees and awards received
- Major and minor field(s) of study
- Class
- Participation in officially recognized activities and sports
- Most recent previous educational agency or institution attended
- Weight and height if a member of an intercollegiate athletic team

If you choose to opt out of the directory information, you will need to make any changes to your records in person with a photo ID or with a signed and notarized authorization; you will not be able to get answers about your specific student record from employees over the phone; friends, relatives, prospective employers, banks, and others trying to reach you or confirm information about you will not be able to do so through the University; you will not be listed on public University communications like the Dean’s List or graduates lists; and inquirers will be informed that we have no record of your attendance here. Information that you are a student here will not be made publically available.

Opting out of directory information will not:
1. Prevent the University from sharing your name, identifier, or email address in a class in which you have enrolled;
2. Prevent the University from requiring you to carry and on occasion present your student identification card;
3. Prevent the University from providing the information in a manner consistent with other student records which are disclosed only in accordance with the Family Rights and Privacy Act (FERPA).

By signing below, I request the University of Montana restricts the release of my Directory Information and acknowledge my request remains in effect until I submit a signed request to rescind to the Registrar’s Office.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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<thead>
<tr>
<th>STUDENT SIGNATURE</th>
<th>UM-ID NUMBER (790 -- ----)</th>
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Notary signature required if not signed in presence of University of Montana employee:

State of ___________________ County of ___________________
This document was signed before me on ___________________
by ________________________________ ___________________.
Printed name of signer ________________________________

Notary Signature ________________________________

Office Use - ID Checked By: ______________________ Date: ______
Updated 2/28/2017