## Request for Confidentiality



100 Institute Road, Worcester, MA 01609 Ph: (508)-831-5211 Fax: (508)-831-5931

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, students have the right to withhold the disclosure of directory information.

In accordance with WPI's current policy, students must complete a Request for Confidentiality Form with the Office of the Registrar in order for their directory information to be suppressed.

Directory information currently includes the student's full name, year, major, advisor, e-mail addresses, home address, local address and local phone, campus mailbox, photograph, date and place of birth, dates of attendance, degrees and awards received, most recent or previous educational agency or institution.

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|  | ALL MATERIAL CONFIDENT information included as directory in understand that all information that information will be held confidential | nformation. By choosing this option I WPI considers to be directory |
|--|--|---|
| I understand that by choosing the option above that my directory information will be suppressed from all publications, including dean's list and the commencement program. |  |   |
| SIGNATURE  | i  | _ ID#:  |

\*\*NOTE: Request for confidentiality can be rescinded at any time by written request of the student.\*\*