

## 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 (FERPA), as amended, students have the right to restrict the disclosure of any or all of their Directory Information.

To do so, students must complete this Request for Confidentiality form and submit it to the Registrar's Office. A request to restrict the disclosure of Directory Information does not restrict internal use of such by WPI.

Directory Information is defined as: full name, expected date of graduation, major, dates of attendance, enrollment status, degrees and awards received, most recent or previous educational agency or institution, advisor, email address, campus mailbox, permanent address, local address, local phone, photograph, height and weight (for athletic purposes only).

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**Instructions:** Check the box below, sign and enter your student ID. Submit completed form to the Registrar's Office by emailing from your WPI email address to registrar@wpi.edu, by mail, or in-person during regular business hours.

- ALL DIRECTORY INFORMATION RESTRICTED** - I do not to permit disclosure of ANY of my Directory Information

I understand that by choosing the option above that my Directory Information will not be disclosed to third parties and thus will not be included in the published dean's list and the commencement program.

SIGNATURE \_\_\_\_\_ ID#: \_\_\_\_\_

**\*\*NOTE:** Request for Confidentiality can be rescinded at any time by written request of the student.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