## **Disclosure of Student Information-FERPA**

The George Washington University School of Medicine and Health Sciences (SMHS) has the ability to release certain limited items of information about enrolled students at its discretion upon request by interested parties. These items of information, referred to collectively as "directory information" by the <u>U.S. Department of Education</u>, are the following:

Name

THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC

- Addresses (includes e-mail addresses)
- Telephone Numbers
- Date and Place of Birth
- Photographs
- Major Field of Study
- Dates of Attendance
- Expected Date of Graduation
- Degrees & Awards Received

No other items of student information will be released to any person or organizations outside of the SMHS without the written consent of the student, except for certain categories of external persons or organizations specifically exempt by federal law.

Under the provisions of the **Family Educational Rights and Privacy Act of 1974**, students have the right to instruct the SMHS to withhold even the "directory information" listed above (with the exception of name, school and dates of attendance). A completed form must be submitted to the MD Registrar (<u>registrarmd@gwu.edu</u>) in order to instruct the SMHS to withhold "directory information."

Please consider very carefully the consequences of any decision by you to withhold "Directory Information". Should you decide to inform the SMHS not to release this "Directory Information," any future requests for such information from non-University persons or organizations (including Student Government) will be refused. The University will honor your request to withhold any "directory information" but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the University assumes no liability for honoring your instructions that such information be withheld.

## REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Submission Date:

Current Class Year / Expected Graduation Date:

GW ID Number (*if known*):

Please sign below to indicate your instruction that the University not disclose "directory information".