



*A Graduate School of National Security
and International Affairs*

THE INSTITUTE OF WORLD POLITICS

Office of the Registrar ◊ 1521 16th St NW ◊ Washington, DC 20036 ◊ (202)462-2101

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

It is the policy of The Institute of World Politics to release certain limited items of information about students to any interested party. These items of information, known collectively as “directory information,” are the following:

- Name
- IWP E-mail Address
- Major Field of Study
- Classification (e.g. graduate student)
- Enrollment status (full-time, part-time, or less than part-time)
- Dates of Attendance
- Degrees and certificates received including dates awarded

No other items of student information will be released to any person or organizations outside of The Institute of World Politics without the written consent of the student, except for certain categories of outside 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 University to withhold even the “directory information” listed above. A copy of this form must be submitted to the Registrar’s Office in order to instruct the Institute to withhold “directory information.”

Please sign below to indicate your instructions that the University not disclose “directory information”

Name: _____ ID#: _____
Last First MI

I hereby request that :

___ My directory information not be disclosed and that a confidentiality flag be PLACED on my student education record. I understand that this will prevent the release of directory information regarding my attendance at the University to any person inquiring, including myself, except in accordance with the Family Educational Rights and Privacy Act of 1974 as amended. I further understand that this action is effective from this date forward and can only be removed upon my written request.

___ The Confidentiality Flag on my record be REMOVED. I understand that this will allow the release of directory information regarding my attendance at the University to any person inquiring.

Signature: _____ Date: _____

Please submit this signed form to the Office of the Registrar in person or by mail to: Office of the Registrar, 1521 16th St NW, Washington, DC 20036