



University of California
Santa Barbara

REQUEST TO RESTRICT/ RELEASE STUDENT RECORD DATA

Office of the Registrar
University of California, Santa Barbara
Santa Barbara, CA 93106-2015
Phone: 805-893-3592
FAX: 805-893-2985
<http://www.registrar.ucsb.edu>

Name _____ Perm _____
LAST FIRST MIDDLE

Umail/Email _____ Phone _____

NOTICE:

- **The University may share a student's education records pursuant to the applicable provisions in the Federal Regulation 34 CFR §99.31 and UC Policy, Section 130.721, even when a student has requested non-disclosure of directory information.**
- **Per UC Policy, Section 130.715, a student may not use the right to restrict disclosure of directory information to prevent the University from disclosing or requiring a student to disclose the student's name, PERM, or Umail address in a class in which the student is enrolled.**
- **This request may take up to 10 business days to take effect.**

The items listed below are designated as public information and can be released by the university without consent of the student. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to restrict disclosure of any and all items as well as release these restrictions at any time.

Please consider the consequences of the decision you make to restrict any public information. For example, if you request to withhold your degrees and honors received, the campus cannot make public any honors you receive and cannot include your degree earned in the campus commencement program. Similarly, if you request to withhold from disclosure your name and dates of attendance, your status as a student cannot be verified for potential employers without your written consent.

RESTRICT RECORD DATA:

- | | |
|--|--|
| <input type="checkbox"/> Name (NA) <i>If you choose to withhold your name then all other information will automatically be withheld.</i> | |
| <input type="checkbox"/> Attendance (AT) | <input type="checkbox"/> Units Currently Enrolled (SL) |
| <input type="checkbox"/> Degree/Honors Awarded (DG) | <input type="checkbox"/> Class Level (CL) |
| <input type="checkbox"/> Major (MA) | <input type="checkbox"/> E-Mail Address (EA) |
| <input type="checkbox"/> Officially Recognized Programs/Organization (PR) | <input type="checkbox"/> Local Telephone (LT) |
| <input type="checkbox"/> School Most Recently Attended (SC) | <input type="checkbox"/> Permanent Telephone (PT) |

RELEASE RECORD DATA:

- Please discontinue all restrictions I have placed on the release of public information concerning my academic student records.

I hereby acknowledge and understand the above information on restrictions and release of information and that this request may take up to 10 business days to take effect. I further understand that if I wish to have public information withheld or released by any other University of California campus or affiliated program (i.e. Education Abroad Program, UCSB Extension), I must make a separate request with the appropriate office. I will not hold the University responsible for any disclosures required by law.

STUDENT SIGNATURE

DATE

Office of the Registrar Use Only: Revised request submitted Data Entry Date Completed: _____

