REQUEST TO RESTRICT/ RELEASE
STUDENT RECORD DATA

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 affect.

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:

☒ Name (NA) If you choose to withhold your name then all other information will automatically be withheld.
☒ Attendance(AT)
☒ Degree/Honors Awarded(DG)
☒ Major(MA)
☒ Officially Recognized Programs/Organization(PR)
☒ School Most Recently Attended(SC)
☒ Units Currently Enrolled(SL)

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 affect. 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: __________________

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

J:\Registration,Readmits,Spec. programs\Data (Forms, Reports, Etc.)\Registrar Forms and Petitions\Word Docs\Restrict-Release Student Data - Revised 7-2013.doc Revised 7/22/2013 DP