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 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:

☒ 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)
☒ Class Level (CL)
☒ E-Mail Address (EA)
☒ Local Telephone (LT)
☒ 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: __________