

DIRECTORY INFORMATION NON-DISCLOSURE FORM

Directory information is defined as information contained in the educational records that would not generally be considered harmful or an invasion of privacy if disclosed. Loyola University Chicago SSOM, usually through the Office of Registration and Records, may disclose the following information without prior consent unless the student has submitted this dated and signed request to block the release of this information:

- Name
- Residency Match Information
- Address(es)
- Telephone number(s)
- School E-mail Address
- Photograph
- Major and minor field(s) of study, including the college, division, department, institute or program in which the student is enrolled
- Dates of attendance
- Grade Level
- Enrollment status, e.g., undergraduate or graduate, full-time or part-time
- Date of Graduation Degree(s) received
- Honors or awards received, including selection to a dean's list or honorary organization
- Participation in officially recognized activities and sports
- Weight and height where the student is a member of athletic teams

FERPA does not obligate the ORR to comply with requests for the above directory information and we do so at our discretion after questioning the request if we feel that is necessary.

SSOM students have the right to block the release of their Directory Information. This request can be made at any time by submitting this form. A FERPA Block remains in effect until the student notifies the Stritch Office of Registration and Records in writing that the Directory Information block is to be removed. Should a student decide to request that Loyola University Chicago Stritch School of Medicine block the release of their directory information, all future requests for this information will be refused until the block is removed. This block expires on the first day of classes of the next academic year and must be renewed each academic year.

Loyola University Chicago Stritch School of Medicine assumes no liability as a result of honoring your instructions to block your Directory Information.

I, _____ direct Loyola University Chicago Stritch School of Medicine to block the release of my Directory Information for this academic year until directed by me in writing to make this information available to non-institutional persons or organizations.

Signature: _____ Date: _____

Complete the form by legibly printing your name, sign, and date. Scan and email completed form to:

ssomregrec@luc.edu

Loyola University Chicago Stritch School of Medicine
Office of Registration & Records