



DO NOT DISCLOSE DIRECTORY INFORMATION

Student Name: _____ **Program:** _____

New Brunswick Theological Seminary complies with the *Family Educational Rights and Responsibilities Act (FERPA) of 1974*. Under that act, certain directory information may be disclosed to a third party without the written consent of the student. Directory Information includes name, address, telephone number, seminary e-mail address, degree program, denomination, participation in seminary activities, dates of attendance, degrees and awards received, and previous educational institutions attended.

Under FERPA, students have the right to withhold disclosure of any or all of the directory information. Information is excluded only by completing this form and indicating the categories of information to be withheld. Note excluding information is a blanket request and NBTS will not release any of the information indicated to any third party. NBTS will not inform the student that a third-party request was made and will assume no liability for honoring this do not disclose agreement.

Please indicate the information you wish to be excluded, sign the document, and return it to the Registrar.

| | INFORMATION | DO NOT DISCLOSE |
|--|--|--------------------------|
| CATEGORY I | Name, Address, email address, denomination, date and place of birth | <input type="checkbox"/> |
| CATEGORY II | Previous institution(s) attended, degree program, awards, degree conferred and dates | <input type="checkbox"/> |
| CATEGORY III | Past and present participation in seminary activities, denomination, photograph | <input type="checkbox"/> |
| CATEGORY IV | Any and all items listed above | <input type="checkbox"/> |
| CHOOSE INFORMATION TO BE EXCLUDED | | <input type="checkbox"/> |

By signing this document, I acknowledge that the information noted MAY NOT BE released or published. It will be in effect from the time the Registrar receives it until the Registrar receives a written and signed notice from me rescinding it.

STUDENT SIGNATURE: _____

SUBMIT THIS FORM TO THE NBTS OFFICE OF THE REGISTRAR