The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Kendall College may make accessible to any person external to the college “directory information” concerning a student unless that student notifies the Registrar that she or he objects to the release of such information. Directory information is considered to be public in nature and will be released at any time upon request without prior approval from the student. Therefore, directory information listed below with respect to each student enrolled at Kendall College will be available to any person unless the student files a request in writing with the Registrar to restrict release of student information to external sources.

- Student name
- City/town of residence
- Major Field of study
- Participation in recognized activities
- Dates of attendance (including current classification and year, matriculation dates and withdrawal dates)
- Degrees and awards received (type of degree and date granted)

FERPA gives students the right to request that their Directory Information be suppressed. Should you request that your Directory Information be suppressed, any further requests for such information from non-institutional persons or organizations will be refused. Please complete this form and return it to the Registrar's Office, 900 N. North Branch Street, Chicago, IL 60642.

TO WHOM IT MAY CONCERN:

I, ____________________________, (Student ID #) ________________ ____________ request that my Directory Information at Kendall College be suppressed in all circumstances. I understand that this means that none of the above information will be released to any non-institutional party requesting it (except as permitted by FERPA), including potential employers seeking to verify degree completion or dates of attendance or any organization seeking to verify enrollment or student status for purposes of establishing eligibility for insurance or credit. I also understand that I can submit a written request to cancel this application at any time.

____________________________   _____________________________
Signature      Date