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## Family Educational Rights and Privacy Act (FERPA) – Directory Information Withholding Request Form

### OVERVIEW

Under FERPA, Kaplan University may release “directory information” to third parties without student consent. The University designates the following categories of student information as directory information:

- Name
- Address
- Telephone number
- Email address
- Photographic representations of students
- Field of study
- Grade level
- Enrollment status
- Dates of attendance at the University
- Degrees, honors, and awards received
- Participation in officially recognized campus activities
- Student ID

Currently enrolled students may choose to withhold disclosure of directory information by submitting this form. Students should consider very carefully the decision to withhold directory information. Kaplan University will honor requests to withhold directory information upon approval and processing of Directory Information Withholding Request Forms and as such cannot assume responsibility to contact students for subsequent permission to release information to prospective employers, relatives, and other persons.

### INSTRUCTIONS

To request that your directory information be withheld from third parties or to rescind a prior request to withhold directory information, complete the fields below, print, sign, date, and submit this form to the appropriate Office of the Registrar. Be advised that processing this form may take up to 6-8 business days from the date of receipt. Incomplete forms will not be processed.

- Online and Learning Center students must submit this form via email attachment to [rsupport@kaplan.edu](mailto:rsupport@kaplan.edu) or via fax to 1-800-588-4127.
- Campus students must submit this form to their onsite Office of the Registrar.

### STUDENT INFORMATION

**STUDENT NAME:** \_\_\_\_\_ **KAPLAN STUDENT ID OR LAST 4 DIGITS OF SSN:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **EDUCATION ADVISOR (OPTIONAL):** \_\_\_\_\_

Place an X in front of ONE of the statements below.

I request that the Institution withhold my directory information from any third parties. I agree that Kaplan University will assume no liability as a result of honoring my instructions to withhold directory information from third parties.

I rescind my prior request for the Institution to withhold my directory information and agree that my directory information can be shared with third parties.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date