Removal of FERPA Directory Information Block

I, the undersigned, request that SUNY Orange remove the FERPA Block on my Directory Information.

Student's Full Name: _____

ID#: _____

Student's Local Address:

_____

_____

Student's Local Phone:
_____

Student's Signature: _____

Today's Date: _____

_____

NOTE: Must be submitted in person with Picture ID or if mailing/faxing submit with a photocopy of Picture ID along with it.

Fax Number: 1-845-342-8662

_____

To be completed by Institution:

Action Taken:
Date:
By:
Comments: