Nama:

NAVAJO TECHNICAL UNIVERSITY

SIHASIN

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

These items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our institution.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of "Directory Information." Should you decide to inform the institution not to release any or all of this "Directory Information", any future requests for such information from non-institutional persons or organizations will be refused.

The institution will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following public or Directory Information.

NITH ID 4.

| Name. | | NIU ID # | |
|---------------|--|--|--|
| Academic Ye | ar: Information | Disclose Yes or No | |
| Category I | Name, address, telephone number, dates of atten graduation list/program. | address, telephone number, dates of attendance, class, tion list/program. (Indicate) | |
| Category II | Previous institutions (s) attended, major field of study, awards, Honors (includes Dean's list), degree(s) conferred (Including dates) | | |
| Category III | Past and present participation in officially recognized sports and Activities, physical factors (height, weight of athletes), date and place of birth. | | |
| Category IV | Any item(s) listed above: | | |
| | (Specify which items listed above you wish not t | to be disclosed) | |
| Date: | Student Signature: | | |
| A new form f | or non-disclosure must be completed each academic | c year. | |
| Return signed | Office of the Registrar Navajo Technical University P.O. Box 849 | | |

Crownpoint, New Mexico 87313