



California Institute of Integral Studies

DIRECTIVE TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

California Institute of Integral Studies (CIIS) maintains all student academic records in compliance with the Family Educational Rights and Privacy Act (FERPA), Public Law 93-380, as amended. Under this law all personally identifiable information about a student is to be kept confidential. Such information includes, but is not limited to, the student's:

- Social Security number
- Gender
- Grades and grade-point average
- CIIS Student ID number
- Race, ethnicity, or nationality
- Class schedule

The only exception to this confidentiality requirement is directory information, which may be released without the student's written permission. "Directory information" is information from a student's educational record that is not generally considered harmful or an invasion of privacy if disclosed. CIIS designates only the following as directory information:

- Name
- Photograph
- Dates of attendance
- Address
- Program of study
- Degrees and awards received
- Telephone number
- Enrollment status (e.g., full-time, half-time)
- Participation in officially recognized activities
- E-mail address

If you would like CIIS to not disclose your directory information, please fill out and submit this form to:

Registrar's Office
 California Institute of Integral Studies
 1453 Mission St.
 San Francisco, CA 94103

or fax it to: 415-575-1267

This directive becomes effective the day it is received by the Registrar's Office and will remain in effect until you revoke it in writing to this office. During the time it is in effect, CIIS will not disclose your directory information except upon your signed, written consent.

Please carefully consider the consequences of this decision. CIIS will not be able to verify your attendance or the degree(s) you've earned to third parties asking for this information and will not contact you to request your permission to do so.

This directive will NOT prevent CIIS from releasing your directory information to the following:

For all CIIS students:

- CIIS personnel acting in your educational interest (i.e., needing to view your record to perform a professional responsibility)
- Persons in compliance with a judicial order or lawfully issued subpoena
- Publishers of CIIS collateral such as informational postcards, brochures, etc.
- Your parents if they can claim you as a dependent for income tax purposes
- Persons in connection with an emergency in order to protect the health or safety of students or other persons
- Upon request, officials of another school in which you seek or intend to enroll
- Accrediting agencies carrying out their accreditation functions
- Organizations conducting certain studies for or on behalf of educational agencies
- State and local officials or authorities to whom information is required to be disclosed pursuant to state statutes adopted before November 19, 1974
- Other persons or organizations determined by law to be exempt from this directive

For Title IV Financial Aid Recipients:

- Lenders, servicers, or guarantee agencies
- Authorized agents of the U.S. Department of Education, the Comptroller General, and state and local educational authorities in connection with certain state or federally supported education programs

For Students or Scholars in the U.S. on an F or J Visa:

- Authorized agents from the Department of Homeland Security
- Authorized agents from the U.S. Department of State

Mr. Ms. _____ CIIS ID Number: _____
(check one) last (family/legal) name first (given name) middle name

E-mail Address: _____ Daytime Phone: _____

Mailing Address: _____
street city state zip

My signature below indicates that I have read this information carefully and understand: 1) the consequences of my decision to withhold my directory information; 2) the exceptions to this directive as stated above; and 3) that this directive will not be revoked until I submit a written request to the Registrar's Office. I hereby direct CIIS to not disclose my directory information.

Student Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY			
Date Received: _____	By: _____	Date Revocation Received: _____	By: _____