

**WESTERN ILLINOIS UNIVERSITY**  
**EXCLUSION OF DIRECTORY INFORMATION FORM**

Western Illinois University considers the following categories to be directory information, and, as such, may release it to any or all inquirers in such forms as news releases, directories or computer lists:

- the student's name,
- school and home address,
- WIU email address,
- telephone number,
- major field of study,
- dates of attendance,
- full- or part-time status,
- classification,
- degrees, honors, and awards received (including Dean's List) and date granted,
- anticipated graduation date,
- most recent previous educational agency or institution attended,
- participation in officially recognized activities and sports, and,
- for members of athletic teams, weight and height.

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By completing this form, I am requesting that the information listed above **not** be released to the public or listed in the campus directories.

I understand that information about my status as a student here will not be released. Therefore, if a loan company\*, prospective employer, family member, etc., inquires about me, that party will be informed the University has no information regarding my attendance here.

I further understand that this exclusion of directory information will remain in effect indefinitely, unless I submit a signed authorization to the Office of the Registrar requesting that it be reversed. This request for exclusion of directory information does *not* affect directory information already published or released.

**NOTE:** Any authorizations that I have previously signed or sign in the future to release information to particular parties *will override* this Exclusion of Directory Information and is separate from any Parent/Guest Access I set up through STARS.

\*Exclusion of Directory Information does not prevent WIU from disclosing my information to authorized representatives of federal, state, and local agencies when that disclosure is in connection with financial aid for which I have applied and/or received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

**Student Information**

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NAME (LAST) (FIRST) (MIDDLE INITIAL) STUDENT WIU ID NUMBER .....

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CURRENT HOME ADDRESS (STREET/PO, APT, CITY, STATE & ZIP) ( ) - DAYTIME PHONE .....

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STUDENT SIGNATURE DATE

**When mailing or faxing this form, include a copy of your driver's license or WIU ID card.**

**Office of the Registrar**  
Sherman Hall 110, 1 University Circle, Macomb, IL 61455-1390  
Tel 309.298.1891 Fax 309.298.2787