

BROOKLYN LAW SCHOOL

**FAMILY EDUCATION RIGHTS IN PRIVACY ACT DIRECTORY INFORMATION
OPT-OUT FORM**

This form must be completed if you do not wish any or all your directory information (as listed below in Section B) to be disclosed without your prior written consent. The instructions on this form may be changed at any time by completing a new form. You should initial the appropriate spaces. Please return the form to:

Julie Brown, Brooklyn Law School FERPA Officer
111 Livingston Street, 21st Floor, Brooklyn, New York 11201
julie.brown@brooklaw.edu, (718) 780-0352

Name of Student: _____ Program: _____

Expected Date of Graduation: _____

Student ID number: _____.

A. _____ I DO NOT WANT ANY DIRECTORY INFORMATION DISCLOSED WITHOUT MY PRIOR CONSENT. (If you initial this space you do not have to fill out the rest of this form, but must date and sign below.)

B. _____ I do not want the following categories of directory information disclosed without my prior consent. (Initial those items which you do not want released.)

- _____ Name.
- _____ Attendance dates (periods of enrollment).
- _____ Full or part-time status.
- _____ Enrollment status.
- _____ Previous schools attended.
- _____ Honors and awards received.

C. _____ I want my prior instructions not to release directory information withdrawn. I now authorize Brooklyn Law School to release my directory information to parties with a legitimate interest.

Dated: _____ Signed: _____

