



Registrar's Office  
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## Request To Restrict Directory Information

*This form must be signed in the presence of Office of the Registrar staff.*

As a student you have certain rights provided by the federal Family Educational Rights and Privacy Act (FERPA). According to FERPA, educational entities have the right to disclose certain "directory information." This "directory information" includes student's name, local and permanent address, telephone number, AUM e-mail address, date and place of birth, major field of study, classification, participation in officially recognized activities and sports, height and weight if a member of an athletic team, date of attendance, degrees, awards and honors received, enrollment status (full-time, part-time, undergraduate, graduate), and the most recent educational institution attended.

YOU as a student have the right to request this information not be released. Should you decide to withhold Directory Information, any future request for such information from non-institutional persons or organizations will be refused. You may authorize release of information on a case-by-case basis by providing written permission and you may cancel the withholding of your directory information in the future if you so desire.

Please indicate your preference to American University of Malta regarding releasing your directory information by checking one of the following:

**WITHHOLD DIRECTORY INFORMATION**

I would like to have my Directory Information withheld. I understand by doing so that not even I will have access to this information without presenting a photo ID in person or a request in writing that includes:

1. What information is to be released
2. To whom the information is to be released
3. The purpose for which it is to be released
4. My signature and date signed.

NAME (print): \_\_\_\_\_

AUM ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE DIRECTORY INFORMATION**

I would like my Directory Information to be released. I no longer wish to prevent the disclosure of my Directory Information and release American University of Malta from any responsibility to withhold Directory Information from the date this form is received in the Office of the Registrar.

NAME (print): \_\_\_\_\_

AUM ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Processed by Registrar's Office

RO Staff: \_\_\_\_\_ Date: \_\_\_\_\_