Northeast Ohio
MEDICAL UNIVERSITY

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The 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 NEOMED 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.

NEOMED 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, NEOMED 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.

Category I	Name, address, telephone number, e-mail address, username, date and place of birth, photograph, cohort year, enrollment status (graduate or professional, full or part time), dates of attendance.	☐
Category II	Previous institution(s) attended, major field of study, awards, honors and degree(s) conferred (including dates), past and present participation in officially recognized activities and residency match results.	☐

Printed student name_____

Student signature_____

Date_____ Student ID No._____

Note: If this form is not received in the Office of the Registrar prior to September 30 each year, it will be assumed that the above information may be disclosed. A new form for non-disclosure must be completed each academic year.

Updated: 7/9/2025
Remediated for accessibility: 3.23.26