Baptist Health College Little Rock
Family Educational Rights and Privacy Act
Restriction of Disclosures of Student Directory Information

This form does not pertain to Student Records Information.
See "FERPA Release Form" to permit release of student records to a third party.

[ ] I hereby restrict disclosure of my BHCLR Student Directory information. I understand that restricting disclosure of my BHCLR Student Directory information means BHCLR cannot release information verifying enrollment, graduation, degrees awarded, and other pertinent requested information to third parties, including potential employers and insurance companies, which can prevent employment, insurance discounts, and other benefits.

I also understand that this restriction is only valid for one year, and a new request must be submitted each year.

[ ] I hereby rescind the restriction placed on disclosure of my BHCLR Student Directory information.

_____ _____
Student's Name (please print) Student ID

_____ _____
Student's Signature Date

Receipt acknowledged by _____

_____ _____
Name/Title Date

Original to: Student File
Copy to Electronic File
Originated: May, 2009
Revised: June 2015