



**Registrar's Office**

1247 E. Siena Heights Drive  
Adrian, MI 49221-1796  
(517) 264-7120, (800) 521-0009 x7120  
fax: (517) 264-7744  
www.sienaheights.edu  
email: regr@sienaheights.edu

**FERPA BLOCK OF INFORMATION**

\_\_\_\_\_  
**Student Name** (the "Student")

\_\_\_\_\_  
**Student ID**

\_\_\_\_\_  
**Student Signature for Block of Information**

\_\_\_\_\_  
**Date of Signature**

I am giving my permission to Siena Heights University to block the release of the following information. I understand that as a result of this action, I may not receive certain mailings, or normally issued information on community events or activities.

**Restrictions to Public Information**

- \_\_\_ Name
- \_\_\_ Address
- \_\_\_ E-mail Address
- \_\_\_ Phone Number
- \_\_\_ Birth Date and Place of Birth
- \_\_\_ Major
- \_\_\_ Dates of Attendance
- \_\_\_ Degrees and Awards
- \_\_\_ Membership in any Athletic Team or Student Organizations
- \_\_\_ Height and Weight of Athletic Team Members
- \_\_\_ Photographs

This is a complete block of all information requested, and this information will not be released without the Student's written consent.

Any request for release of FERPA protected information must be approved with the Student's signature of permission. Student shall state the name of the party that the information is to be released to, and the information that may be disclosed. Any person requesting information from Student's file must present a written FERPA Release of Information from the Student or present legal power of attorney. This block is valid until rescinded by the Student upon providing written notice to the Registrar's office.

Access to Student records in the University's electronic imaging system is restricted to the Student and certain University employees with a legitimate interest in those records.