DATA PRIVACY REQUEST

In conformity with the Family Educational Rights and Privacy Act of 1974 and subsequent amendments, Minnesota State Mankato recognizes certain items as directory information that may be released for any purpose at the discretion of the University. The following information may be released to the public without the consent of the student:

Table 1 Listing of directory information

1. Name (Legal and/or Preferred Name)
2. Major field of study
3. Dates of attendance
4. Grade level classification
5. Full/part-time student status and number of credits
6. Previous college/university attended
7. Degrees received
8. Awards and honors
9. Height and weight information for athletic participants
10. Performance records and participation in competitive events
11. Participation in officially recognized activities, sports and organizations
12. Individual or group photos and videos

Students may request that their directory information be kept private by completing this data privacy request form. If a privacy code is in effect, ALL REQUESTS for information from non-institutional persons or organizations will be refused without your written authorization, except where required by law. This privacy code also impacts the online student directory available to other Minnesota State University Mankato students, published through the MavLife app. If the privacy code is in effect, you will not appear in online MavLife User Directory.

Your request to withhold directory information will remain in effect until you inform us of your wish to rescind it. If, at any time, you wish to remove the privacy code, you must submit this form requesting the cancellation of the privacy code.

Minnesota State Mankato will continue to release information about you as dictated by federal and state laws.

Indicate your request below by checking the appropriate box:

☐ **DO NOT** release my directory information to third parties without my written permission or as permitted by law.

☐ I wish to cancel my previous request for withholding my directory information.

Student Name: _____ StarID/Tech ID: _____
(Please Print)

Student Signature: _____ Date: _____

Please return this completed form to the Registration and Academic Records Office either in-person or via email. If you return this form in-person (132 Wigley Administration)**, please be prepared to present a state or federal issued photo ID or MSU MavCard. If you email this form to** registrars-office@mnsu.edu**, you must use your MSU email address to submit the form.**