

HARVARD MEDICAL SCHOOL

PETITION TO RESTRICT DIRECTORY INFORMATION

Student's Full Name: _____
(please print)

HUID: _____

_____ I, the undersigned, request that Harvard Medical School **install the following restriction(s)** on my Directory Information, preventing the release of any information about me, except where permitted or required under FERPA.

Please check applicable restriction:

_____ Address Restriction

_____ Photo Restriction

_____ FERPA Block

_____ I, the undersigned request that **no restriction** be placed upon my directory information by Harvard Medical School.

Student's Signature: _____

Date: _____

This form must be submitted to the HMS Registrar's Office in person, by mail, fax or scan:

Harvard Medical School
Office of the Registrar
25 Shattuck Street
Boston, MA 02115
Ph: (617) 432-1515 Fax: (617) 432-0275