

Yale University
**Commencement Program Exception to Request for Non-Disclosure of
Directory Information**

During the academic year _____ I have requested that my name, attendance at Yale, and degrees conferred not be released as Directory Information under the regulations of the Family Educational Rights and Privacy Act of 1974.

I hereby authorize the Registrar of my School to release my name, degree, and date of conferral for use in the University's and my School's Commencement Programs. I further agree that I may be included in the official Commencement video.

Student's Name (please print) _____

Student ID Number _____

School at Yale _____

Student Signature _____

Date _____