

REQUEST TO WITHHOLD PERSONAL INFORMATION FROM DIRECTORY
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RESTRICTION PLACED ON RECORD

COMPLETION OF ALL FIELDS REQUIRED FOR PROCESSING

THIS FORM MUST BE PRESENTED IN-PERSON - A PHOTO ID IS REQUIRED TO PROCESS THIS DOCUMENT

RETURN FORM TO: STUDENT CENTRAL, UPPER LEVEL, MADISON HALL

FAXED COPIES WILL NOT BE PROCESSED

PLEASE ALLOW 10 (TEN) BUSINESS DAYS FOR PROCESSING

PLEASE PRINT CLEARLY:

NAME: _____
LAST FIRST MI

COUGAR ID NUMBER: _____ DATE OF REQUEST: ____/____/____

DAYTIME TELEPHONE NUMBER: (____) _____ EVENING TELEPHONE NUMBER: (____) _____

ADDRESS: _____ APT. NUMBER: _____
STREET NAME AND NUMBER

_____ CITY STATE ZIP CODE

BELOW IS A LIST OF THE DIRECTORY INFORMATION WHICH WILL BE WITHHELD:

- NAME
- ADDRESS (HOME/PRESENT)
- TELEPHONE NUMBER (HOME)
- PROGRAM OF STUDY/TECHNOLOGY
- PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS
- WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS
- ENROLLMENT STATUS (LESS THAN HALF-TIME, HALF-TIME, PART-TIME, FULL-TIME, OVER FULL-TIME, INCLUSIVE DATES AND SEMESTERS OF ENROLLMENT)
- DEGREES, CERTIFICATES, TRANSFER MODULE AND AWARDS RECEIVED (INCLUDING DEAN'S LIST AND OTHER HONORS)
- MOST RECENT PREVIOUS EDUCATIONAL AGENCY OR INSTITUTION ATTENDED
- STUDENT.CSCC.EDU E-MAIL ADDRESS FOR THE PURPOSES OF ELECTRONIC PROXY AND CONDUCTING STUDIES ON BEHALF OF THE COLLEGE

By signing this form to request directory information be withheld, I understand that the above requested information from my student record will not be released to anyone without my written consent (this includes relatives, friends, prospective employers, and all other users of directory information). **I also understand that transactions and requests must be made in person and require a photo ID.**

SIGNATURE (REQUIRED): _____ DATE: ____/____/____

I NO LONGER WISH TO HAVE MY DIRECTORY INFORMATION WITHHELD. PLEASE REMOVE THE RESTRICTION FROM MY RECORD.

SIGNATURE (REQUIRED): _____ DATE: ____/____/____

FOR OFFICE USE ONLY

Date received: ____/____/____ **A clear copy of the student's photo ID, made by the CSCC staff member receiving the form, must be attached to this form.**

Date processed: ____/____/____

Processed by: _____