Suffolk

COUNTY COMMUNITY COLLEGE

**Student Request to Prevent
Disclosure of Directory Information**

_____   _____

Last Name, First Name   **Student ID#**

The items listed below are designated as "Directory Information" and may be released at the discretion of Suffolk County Community College (SCCC). Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of Directory Information. Should you decide to inform SCCC not to release any or all Directory Information items, any future requests for such information from non-college persons or organizations will be refused. The college will honor your request to withhold information listed below but cannot assume responsibility to contact you for subsequent permission to release these items. The college assumes no liability for honoring your instructions that such information be withheld.

Please indicate your request that the college _not disclose_ the following Directory Information items to anyone, and return the form to a campus Registrar's Office. Please be advised that, before you graduate or leave SCCC, you may wish to report to the campus Registrar's Office to remove this request.

**Please mark the appropriate boxes and affix your signature below to indicate your disapproval
for SCCC to disclose the following directory information.**

☐	Name	☐	Major field of study
☐	Address (permanent, local, and email)	☐	Honors, awards, and special recognition
☐	Telephone number (permanent and local)	☐	Weight and height, if a member of an athletic team
☐	Photograph	☐	Prior schools attended and degrees awarded
☐	Dates and status of enrollment	☐	Participation in officially-recognized activities and sports

Student Signature: _____

Please return completed form to any campus Registrar's Office. If this form is not received in the campus Registrar's Office, it will be assumed that Directory Information may be disclosed.

_____

FOR OFFICE USE ONLY

Date received: _____ Signature of Registrar's Office Representative:_____

9/5/12