

# 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.**

<input type="checkbox"/>	Name	<input type="checkbox"/>	Major field of study
<input type="checkbox"/>	Address (permanent, local, and email)	<input type="checkbox"/>	Honors, awards, and special recognition
<input type="checkbox"/>	Telephone number (permanent and local)	<input type="checkbox"/>	Weight and height, if a member of an athletic team
<input type="checkbox"/>	Photograph	<input type="checkbox"/>	Prior schools attended and degrees awarded
<input type="checkbox"/>	Dates and status of enrollment	<input type="checkbox"/>	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: \_\_\_\_\_