

**SALT LAKE COMMUNITY COLLEGE
ENROLLMENT SERVICES
Request to Prevent Disclosure of Directory Information**

The items below are designated as “Directory Information” and may be disclosed for any purpose at the discretion of Salt Lake Community College.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold the disclosure of “Directory Information” listed below.

Please carefully consider the consequences of deciding to withhold “Directory Information.” If you decide to inform the institution not to release “Directory Information,” any future requests for such information from non-institutional persons or organizations will be refused.

FERPA privacy and disclosure rights are assigned to the student. Only the student can authorize the release on non-directory information contained in the student’s education records unless specific exceptions exist as outline in FERPA.

Note to students about to graduate: The withhold directory restriction will remain on your records after graduation if you have requested that the information be withheld; therefore, **we will not be able to verify your degree to potential employers.** (See below for removal of **Withhold Directory Information** designation.)

Salt Lake Community College will honor your request to withhold “Directory Information” listed below, but cannot assume responsibility to contact you for subsequent permission to release them. The institution assumes no liability for honoring your instructions that such information be withheld.

Directory Information includes the following:

Name	Enrollment status
Address	Degrees & awards received
Telephone number	Most recent previous educational agency/institution
Date of birth	Participation in recognized activities/sport
Major field of study	E-mail address
Dates of attendance	

Directory Information Withhold/Release Form

WITHHOLD DIRECTORY INFORMATION

I want Directory Information to be *withheld* (Directory Information includes all items listed above.)
I wish to prevent the disclosure of my Directory Information and understand the ramifications of doing so.

Name (print) _____

Student ID# _____ Date _____

Signature _____

We will honor your request to Withhold Information until you request in writing that you wish to remove the Withhold Directory Information designation.

Request is effective upon computer input. Return this form to Enrollment Service with picture ID.

RELEASE DIRECTORY INFORMATION

I want Directory Information to be *released*. (Directory Information includes all items listed above.)
I no longer wish to prevent the disclosure of my Directory Information.

Name (print) _____

Student ID# _____ Date _____

Signature _____

From the date this form is received and processed in the Registrar’s Office, we will honor your request to Release Directory Information.