



Student Request to Withhold Public Information

Name _____ Date: _____
(First) (Middle) (Last)

Social Security Number _____ - _____ - _____ Term: Fall Spring Summer
(circle one)

The Items listed below are considered as "Directory Information" by Wallace State Community College and may be released for any purpose at the discretion of the College.

Under the provision of the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), 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 "Directory Information". Should you decide to inform the College not to release this information, any future request for such information from non-institutional persons or organizations will be refused.

The College will honor your request to withhold the information listed below but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, the College assumes no liability for honoring you instructions that such information be withheld.

Please sign below to indicate your disapproval for the College to disclose the following public or "Directory Information":

- Name
- Date of Birth
- Participation in officially recognized activities and sports
- Major field of study
- Weight and height of an athletic team member
- Dates of attendance
- Degrees and awards
- Most recent educational institution attended

Student Signature _____ Date: _____

If this form is not received in the Admissions/Records Office prior to the third week of the term, it will be assumed that the above information may be disclosed for the remainder of the current academic year. A new form for non-disclosure must be completed each academic year.

FOR OFFICE USE ONLY	
Processed by _____	Date: _____