Non-Disclosure Directory Information

Frederick Community College
Welcome and Registration Center
7932 Opossumtown Pike Frederick, MD 21702
Fax: (301) 624-2799 Phone: (301) 846-2431

Student's request for non-disclosure of Directory Information

In compliance with the Family Educational Rights and Privacy Act of 1974, as Amended

Name ______________________________ Date ____________________

Student ID #______________ Social Security # ____________________ Date of Birth__________

E-mail ____

The Family Educational Rights and Privacy Act of 1974 affords certain rights to students concerning their education records. One of the rights afforded is the right to request non-disclosure of Directory Information.

Under the provision of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of the items listed below which are considered to be Directory Information. This form must be completed and returned to the Welcome and Registration Center within two weeks of the start of each semester.

- *Name*
- *Anticipated Graduation Date*
- *Dates of Attendance*
- *Degree/Awards/Honors earned*
- *Major/Curriculum*
- *Participation in recognized activities/sports*
- *Photographs*
- *Status: Full-time/Part-time*
- *Tuition Amounts/Charges*
- *Weight/height of members of athletic teams*

Please consider very carefully the consequences of any decision by you to withhold Directory Information. Should you decide to inform the institution not to release Directory Information from your academic record, any future request for such information from non-institutional persons or organizations will be withheld.

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

- -

I have read the above information detailing the educational rights afforded to me by the Family Educational Rights and Privacy Act and hereby *request Non-Disclosure of Directory Information.*

______________________________ ____________________
Student Signature **Date**

Office use only: ________PS Updated ________ Initials ________ Date