

Niagara County Community College
**REQUEST FOR NON-DISCLOSURE OF
DIRECTORY INFORMATION**

Under the provisions of the **Family Educational Rights and Privacy Act** of 1974, you have the right to request non-disclosure of your Directory Information. If you elect non-disclosure, Niagara County Community College **cannot**, except under certain legal circumstances and other circumstances which require directory information for course participation, disclose your Directory Information **without your prior written consent**. This will affect degree and enrollment verifications, including a possible negative impact on health insurance verifications and employment inquiries.

THE FOLLOWING IS CONSIDERED DIRECTORY INFORMATION AT NCCC, and will be withheld upon receipt of this signed form from the student:

- Name
- Address (including email)
- Telephone number
- Date and place of birth
- Major field of study
- Participation in officially recognized activities/sports
- Photograph
- Weight/height of athletic team members
- Dates of attendance
- Degrees/Awards received
- Status (Full or part-time)
- Classification (freshmen, sophomore)
- Most recent previous educational agency or institution attended by student

To prevent the release of your personal Directory Information:

- Notify the Registration & Record's Office (A201) by the end of the first scheduled week of classes as noted in the Academic Calendar.
- **NOTE:** If the Record's Office does not receive a request for non-disclosure by that time, your Directory Information may be released at the college's discretion **without your written consent**. However, requests for non-disclosure received after the first week of the term will be considered on a case-by-case basis.
- **This request is valid permanently once it is received. If you wish to discontinue your request for non-disclosure, you must submit this request in writing to the Registration & Records Office.**

I have read the above definition of Directory Information and understand the implications of withholding this information to outside parties. I hereby request that NCCC abide by my directive indicated above regarding the non-release of this information to any non-institutional persons or organizations unless I give written authorization to do so.

Student's Name (print)

Student ID#

Student Signature

Date

Revised 09/2011

Processed by _____

Date _____