

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

TO: All Students

The categories of information listed below are designated as "Directory Information" and may be released to a third party at the discretion of our institution. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may request that Amarillo College not release "Directory Information" from your educational records.

Directory Information

Name, address, telephone number, dates of attendance, class, previous institution(s) attended, major field of study, awards, honors, (includes Dean's List), degree(s) conferred (including dates), date and place of birth.

Please consider very carefully the consequences of any decision to withhold "Directory Information". Should you decide to withhold "Directory Information", any future requests for such information from non-institutional persons or organizations will be denied. Additionally, if you request non-disclosure at the beginning of the semester in which you graduate, your name will be withheld from any announcement or publication regarding graduation or commencement.

The institution will honor your request to withhold "Directory Information" but cannot assume responsibility to contact you for subsequent permission to release information. **(A new form for non-disclosure must be completed each academic semester)**. The institution assumes no liability for honoring your instructions that "Directory Information" be withheld.

Please sign below to indicate your desire for the institution to withhold "Directory information".

DO NOT DISCLOSE DIRECTORY INFORMATION

Print Full name: _____ Date: _____

Address: _____ City: _____ ST: _____ Zip: _____

Address while attending College (if different): _____

If this form is not received in the Registrar's Office prior to the 12th class day in Fall and Spring and the 4th class day in Summer, "Directory Information" may have already been released. **A new form for non-disclosure must be completed each academic semester.**

For Amarillo College Use Only:
Data entry by: _____
Date: _____
Term: _____

Student Signature

Social Security Number