



Name _____

Student ID _____

Request to Withhold Directory Information

Directory Information

Normandale Community College designates the following as **directory information** and, as such, it is available to the general public on request:

- Student's name
- Student's address
- Student's telephone number
- Student's e-mail address
- Student's photograph (stills or motion)
- Student's dates of attendance
- Student's class standing (e.g. freshman, sophomore)
- Student's major field of study
- Student's degrees, certificates and awards received
- Student's date of birth

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, you have the right to request we withhold your directory information. We will continue to release information about you as dictated by federal and state laws.

Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or organizations will be refused without your written authorization, except where required by law. For example, the college would be unable to verify your degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage application, apartment lease, etc., unless the request is accompanied by your signed, dated release. Normandale can not assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld.

Your request to withhold your directory information will remain in effect until you inform us in writing of your wish to rescind it or until ten years after your death.

Authorizing the Release of Information

During the time your request is in effect, you must authorize, on a transaction-by-transaction basis, the release of information (for example, the release of an enrollment verification). Authorization is submitted in the form of a signed and dated request.

Directory Information Withhold/Release Request Form

Withhold Directory Information

I wish to prevent the disclosure of my directory information and understand the implications of doing so, as described above.

Name (print) _____

Student ID# _____ Date _____

Signature _____

From the date this form is received in the Records Office, we will honor your request to **withhold** your **directory information** until you request in writing that you wish to remove the **withhold directory information** designation.

You may authorize the release of information in writing on a transaction-by-transaction basis without removing the **withhold directory information designation** (see above).

Release Directory Information

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 in the Records Office, we will honor your request to **release** your **directory information**.