

## STUDENT DIRECTORY INFORMATION FORM

AS REQUIRED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

The Family Educational Rights and Privacy Act of 1974, as amended, sets forth certain categories of directory information that can be released to the public.

The College may publish a student directory each semester with the following information on degree-seeking students:

**Name**  
**Address**  
**Email Address**  
**Telephone Number**

While this directory is intended primarily for student, faculty and staff use, it may be released to persons not associated with the College as long as they appear to have a legitimate need for the information.

In addition to the above, the College also considers the following information "directory information," which may be made available to persons with a legitimate need to know.

**Major**  
**Class Level**  
**Date of Birth**  
**Schools or Colleges Attended**  
**Dates of Attendance**  
**Degree/Certificates Awarded**

YOU MAY REQUEST THAT YOUR NAME, ADDRESS AND PHONE NUMBER NOT APPEAR IN THE DIRECTORY AND THAT THE OTHER DIRECTORY INFORMATION LISTED ABOVE NOT BE MADE AVAILABLE TO PEOPLE REQUESTING IT.

You may do so by signing the bottom of this form and returning it to the Academic Advising and Registration Office by the end of the drop/add period (1st week of classes).

If you request that this information be withheld, your directory information will be available only to College faculty and staff with a need to know; but not to other students and persons not associated with the College. You are advised to carefully consider the consequences of a decision to withhold directory information. The College, in good faith, will not release directory information requested withheld, and any requests from students and non-college persons such as galleries, businesses, etc., will be refused unless the student provides a written consent for release.

You may contact the Director of Student Affairs or the Registrar with questions about this directory or for a full description of your rights under the Family Educational Rights and Privacy Act.

I have read the above information and wish to have my directory information withheld for the entire duration of my time at CCS. If I wish to release information in the future I acknowledge that I must go to the Academic Advising and Registration Office to have the notation removed from my record.

**Print Your Name** \_\_\_\_\_ **Student I.D. #** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_