



FERPA Opt-Out form

Name: _____ Today's Date: _____
Last First Middle

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____ SS#: _____ - _____ - _____

Secondary Contact Phone #:(_____) _____ - _____ Relationship _____
Example: Cell, Spouse, Parent, Work, Sibling, Friend, someone who can get in touch with you or your family

E-mail Address: _____

NOTICE OF DIRECTORY INFORMATION:

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the College, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your educational records. However, the College may disclose the following basic "directory information" which is generally not considered harmful or an invasion of privacy, without your consent: Name, Program of study, Dates of attendance, as well as Degrees, Diplomas or Certificates received. If you do not want your information disclosed without your consent, you may choose to opt-out by notifying the College in writing. This form may be used for that purpose.

To: Registrar Department
Subject: Directory Information OPT-OUT NOTICE

I understand that, under FERPA guidelines, the College may disclose basic information about me that is generally not considered harmful or an invasion of privacy without my consent, which is released as "Directory Information." This is notification that I do not want to be included in College Directory Information and that my educational records should not be disclosed without my written consent, except as required by law. I further understand that the College will code my educational records to prohibit the release of my educational records without my consent within ten business days of receipt of this notification

Student Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Date Records Coded: _____ Initial: _____