

REQUEST TO WITHHOLD DIRECTORY INFORMATION ("Privacy Block")

I, _____ (print name), in accordance with my rights as an eligible student under the Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232(g), also known as FERPA or the Buckley amendment. (Synopsis available in the Administrative Regulations, Student Rights 2.5.3—Student Records), I hereby request that the college(s) identified below not release directory information about me from my educational record(s) without my specific written consent, as indicated below.

- | | |
|---|--|
| <input type="checkbox"/> Chandler Gilbert Community College | <input type="checkbox"/> Estrella Mountain Community College |
| <input type="checkbox"/> GateWay Community College | <input type="checkbox"/> Glendale Community College |
| <input type="checkbox"/> Mesa Community College | <input type="checkbox"/> Paradise Valley Community College |
| <input type="checkbox"/> Phoenix College | <input type="checkbox"/> Rio Salado College |
| <input type="checkbox"/> Scottsdale Community College | <input type="checkbox"/> South Mountain Community College |

This Request to withhold all of my directory information from release means my directory information will not be shared with anyone, including prospective employers seeking directory information for students attending school in the MCCCCD.

I understand that directory information includes the following:

- full name
- address (local, home, and mailing)
- college email address
- telephone number
- Major field of study
- Participation in officially recognized activities and sports, including weight and height of members of athletic teams
- degrees and awards received
- dates of attendance
- part-time or full-time status
- most recent previous educational agency or institution attended by the student
- college within the Maricopa Community Colleges where the student has been enrolled
- student photograph

This request about my directory information shall become effective immediately and shall remain in effect until revoked by me, in writing. I understand that even if I restrict access to my information, other students in classes for which I am registered may be given my name and contact information (generally email address) if, in the discretion of the instructor, this is appropriate to promote class discussion and/or interaction.

_____	_____
Student Name (Print)	MEID
_____	_____
Student Signature	Date

If you have any questions about the use of this form, please visit: Administrative Regulations, Student Rights 2.5.3—Student Records.

For Registrar Office Use Only		
_____ verified picture ID	_____ Posted to System	Processed by: _____