

Restriction of Disclosure of Directory Information

DIRECTORY INFORMATION: The Family Educational Rights and Privacy Act (FERPA) is a federal regulation that governs how educational institutions collect and disseminate student records data. Washington State Community College may disclose on an unlimited basis information that has been designated as *Directory Information* in response to oral or written requests.

Please restrict the publication and release of *Directory Information* from my Washington State Community College education record. By completing this request, the disclosure of information to non-college parties will occur only with my written permission and **will restrict all of the items in the following list** that have been designated as *Directory Information* by Washington State Community College:

- | | |
|------------------------------|--|
| - Student's Name | - Enrollment status (e.g. full-time or part-time) |
| - Address | - Participation in officially recognized activities |
| - Telephone listing | - Dates of attendance |
| - Electronic mailing address | - Degrees, honors, and awards received |
| - Photograph | - The most recent educational agency or institution attended |
| - Date and place of birth | - Grade level |
| - Major field of study | |

Note: Restricting your *Directory Information* will prevent information from appearing in College publications, such as the student directory, the Commencement Program, and Dean's/President's List notifications; additionally, should the College receive any requests from a future employer, childcare provider, reference, etc. we will not release **any** of the designated *Directory Information*.

Student Legal Name (Please Print)

WSCC Student ID Number (Required)

Student Signature

Date

Note: This restriction will be effective within two business days of its submission and I understand that I can revoke this restriction at any time by retrieving this document from the Records Office and completing the Revocation of the Release section below the dotted line.

Complete and Return this Request to: Washington State Community College, Records Office; mail to 710 Colegate Drive, Marietta, Ohio 45750; fax 740-568-1965; email recordsoffice@wscc.edu

Office Use Only: Processed by _____ Date _____

REVOCATION OF THE RESTRICTION OF THE RELEASE OF DIRECTORY INFORMATION

I acknowledge that by my signature below, I am cancelling the restriction of the publication and release of *Directory Information*. This restriction was entered based on a previously submitted Request for Restriction of Disclosure of Directory Information (see above). This cancellation supercedes any other prior requests concerning the release and disclosure of directory information from my student record.

Student Signature (Required)

Date

Office Use Only: Processed by _____ Date _____