



## REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

In accordance with the Family Educational Rights and Privacy Act, at Northwestern Michigan College the following information can be released to the general public and is considered Directory Information:

Student's name, address, telephone number, NMC email address, program (major field of study), participation in officially recognized activities, enrollment status, dates of attendance, local degrees and awards received, honors received (including semester honors, scholarships, or GPA range for selection).

No other student information is released to non-college personnel without your written permission. By completing this form, you will be requesting the above information NOT be released to non-college personnel or listed in the campus directory.

Some of the effects of your decision to request confidential status will be that you must make all address changes with a signed authorization, in person with a form of ID or from your NMC email account; individuals trying to reach you will not be able to do so through the college; information that you are a student here will be suppressed, so that if loan companies, prospective employers, family members, etc., inquire about you, they will be informed that we have no record of your attendance here. Note that Northwestern Michigan College assumes no liability for honoring your instructions that such information be withheld.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

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### STUDENT INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_

NMC ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### CERTIFICATION AND SIGNATURE

By signing this request to not release Directory Information, I understand that no information will be released to any individual and this confidential classification will not be removed until I submit a signed authorization requesting that it be removed. Signed forms should be submitted to the Enrollment Services Office/Records and Registration.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Form Received: \_\_\_\_\_ Date Recorded: \_\_\_\_\_