

REQUEST FOR A NON-DISCLOSURE HOLD OF STUDENT DIRECTORY INFORMATION

Warren County Community College considers the following information as “directory information”

A. Student Name

B. Participation in recognized school activities

C. Dates of attendance (i.e., semester, year)

D. Degrees, Certificates, and awards received from WCCC

Warren County Community College may release this directory information on any student unless the student has designated that it should not be released without his/her prior consent. If you do not want your directory information released, then please submit this form.

REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

I request that Warren County Community College NOT DISCLOSE my "Student Directory Information" without my prior written permission.

I understand the consequences of this decision to withhold my “Student Directory Information,” as any future requests for such information will be refused. Examples of, but not limited to, potential impacts are: no acknowledgement of my attendance at WCCC to potential employers, no verification of degrees to requestors, no printing of my name in the commencement program and no press releases pertaining to graduation and/or honors. WCCC will honor my request to hold “Student Directory Information” but cannot assume responsibility to contact me for subsequent permission to release it. Regardless of the effect upon me, WCCC assumes no liability for honoring my instructions to hold "Student Directory Information.". If the form is submitted before I have left the college (i.e. graduated, transferred, withdrawn), the “Student Directory Information” hold will remain in effect until the Registrar's Office receives a written request from me to release the hold.

STUDENT NAME (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete, sign and return to: Warren County Community College’s Registrar's Office, 475 Route 57 West, Washington, NJ 07882.