Ashland Community & Technical College

Office of Student Affairs

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION BY ASHLAND COMMUNITY & TECHNICAL COLLEGE

PLEASE READ CAREFULLY

Directory Information (See Catagories I, II, II below) may be released by Ashland Community & Technical College without the consent of the student unless the student notifies the college of any objections to such release.

If you disapprove of Ashland Community & Technical College disclosing public or Directory Information on you, please mark the appropriate category and sign this form. However, please consider the consequences of any decision by you to withhold any category of Directory Information. Should you decide not to permit release of this information, Ashland Community & Technical College will honor your request and will not assume responsibility to contact you for subsequent permission to release the information during the period covered by this form. This could affect your transfer to another institution, employment, etc. Regardless of the effect upon you, Ashland Community & Technical College assumes no liability for honoring your instructions that such information be withheld.

I disapprove release of the following Directory Information during my enrollment for the 20____

_____ semester or for the following period _____:

Provide Date(s)

☐ Category I: Name, address, telephone number, dates of attendance, class.

☐ Category II: Previous institution(s) attended, major field of study, awards, honors (including Deans lists), degree(s) conferred (including dates).

☐ Category III: Past & present participation in officially recognized sports and activities, dates and place of birth.

☐ Category IV: All Directory Information (Categories I, II, & III)

_____

LAST NAME FIRST NAME M

Student ID#_____ Date_____

Signature_____