

## DIRECTORY INFORMATION OPT-OUT PROCEDURE

If you do not want the College to disclose directory information from your education records without your prior written consent, you must complete this form and return it to the (Registrar/Records) Office. Your information will not be released from the time we receive your form until the request is rescinded. If directory information is released prior to receiving your opt-out request, the College may not be able to stop the use of your information. Therefore, it is recommended that you file the opt-out form at registration.

The Connecticut Community College System has designated the following information as directory information that may be released to third parties upon request: student names and addresses, full vs. part-time student status, dates of attendance, major/program of study, awards and honors, and graduation date. In addition, the following additional categories of information are designated as directory information for military recruiters: telephone listing, age, and level of education.

Please complete the information requested below if you do not wish to have your directory information disclosed to third parties. Upon receipt, your request will remain in effect until such time as you tell us that you no longer wish to keep your information private. Prior to filing your request, please consider all the consequences of opting out. For example, if you tell us not to disclose your directory information to third parties, we will not share your information with anyone (except persons who have a right to see your information under the law and the attached Notice), including persons or agencies offering jobs and educational benefits such as scholarships and discounts; media sources; companies that manufacture class rings and publish yearbooks, etc. Also, note that if you have requested that we not disclose your directory information but you would like to have your name appear in the college commencement program, you must provide your signed written consent prior to that time.

**I do not want my directory information to be released to third parties without my written consent. I understand that this request applies to the non-disclosure of information to all parties other than school officials who have a legitimate educational interest in the information.**

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

BANNER ID: @ \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Date received: \_\_\_\_\_ Date entered in BANNER SPAPERS: \_\_\_\_\_ By: \_\_\_\_\_

Original to Student File  Copy to Registrar FERPA File  Copy to Office