

Request to Withhold Directory Information (FERPA)

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the College may disclose information about a student if it is designated as "directory information." The following information has been designated as directory information by the College and may be released to the general public and military recruiters (per the *Solomon Amendment*) without student authorization;

- | | | |
|--------------------------------|-------------------------|----------------------------------|
| ▪ Name | ▪ Date(s) of attendance | ▪ Honors and awards |
| ▪ Address | ▪ Enrollment status | ▪ Graduation and degrees awarded |
| ▪ Phone number | ▪ Date of Birth | ▪ Credit hours earned |
| ▪ Student campus email address | ▪ Major field of study | |

You have the right to withhold the disclosure of directory information. The failure of any student to specifically object to the release of information listed above within fourteen days following the first day of classes will be interpreted as approval. Requests objecting to the release of information must be made utilizing this form.

By completing this form, you will be requesting the College not release information from your student record without your written permission. This request can be withdrawn at any time. This request will expire upon graduation from the College.

The complete Student Records policy can be found in the College Catalog; <http://catalog.sunyacc.edu/regulations/studentrecords>

Student Acknowledgment of Student Records Policy and Limitations:

Semester: Summer Fall Winter Spring Year: _____

Student Banner ID: _____

Student Name (Please print): _____
First
Middle
Last

I have read the College's policy on the release of student records. This request only applies to student records and does not apply to College employment records. I am requesting that my student records be withheld from the public except where required by law.

I understand that by withholding directory information this does not prevent the disclosure of personally identifiable information to authorized representatives of federal, state, and local agencies, or any of the other exceptions to signed consent found in FERPA regulations. The College works with the National Clearinghouse and my information will continue to be released to them. Authorized individuals at the College and whom I have granted access to via the FERPA Waiver Authentication Survey will be able to receive information. Information will still be released to comply with a judicial order or lawfully executed subpoena.

The College will not publish any information regarding academic awards, scholarships or graduation. I understand it is my responsibility to provide authorization for the College to follow through on any verifications or certifications.

I understand that this request can be rescinded by at any time by updating the form below or notifying the Registrar in writing.

Student Signature: _____ Date: _____

- Completed forms must be submitted to the Office of Records and Registration via mail or in person with original signatures.
- Forms must be submitted within fourteen days following the first day of classes for the semester listed above.
- Request forms will be processed within 3 business days after receipt of the completed form.

Student Request to Cancel Withholding of Directory Information:

I am requesting to cancel my previous withholding request. My directory information can be released in accordance with College policy.

Student Signature: _____ Date: _____

For Registrar Use to Withhold Directory Information: Initials: _____ Date Processed: _____

For Registrar Use to Cancel Withholding of Directory Information: Initials: _____ Date Processed: _____