

Non-release of Directory Information Form

*Semester Year _____

Student Name _____

Social Security # _____

Mailing Address: _____

Email: _____

Telephone _____

Dear Registrar:

I do not wish to have directory information released about me. I understand that directory information includes the following:

- Student's name, address (local and permanent), and telephone number
- Date and place of birth
- Major/program of study
- Participation in officially recognized activities and sports
- Weight and height statistics for athletic team members
- Dates of attendance
- Degrees and awards received
- Previous educational institution(s) most recently attended
- Photographs

Signature

Date

FOR ADMISSIONS USE ONLY

DATE PROCESSED _____

INITIALS _____

NOTE: *This request must be renewed each term. Also, note that students DO NOT have the right to request nondisclosure of LSCC unless they asked, at their last opportunity as registered students, information be disclosed.

For more information please review the "Student Records" section of the catalog.

STUDENT SERVICES