



Registrar
411 N Grand Ave
Lansing, MI 48933
Ph: 517-483-1200

FORM MUST BE SIGNED IN PRESENCE OF LCC STAFF OR NOTORIZED

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Print Student Name: _____ Student #: _____

These items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of Lansing Community College.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of the "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold "Directory Information." Should you decide to inform the institution not to release "Directory Information," any future request for such information from non-institutional persons or organizations will be refused. This may include enrollment or degree verification, honors, awards or participation in activities. Additionally, you may be required to perform college business in person with valid photo I.D.

The institution will honor your request to withhold "Directory Information" listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate box and affix your signature below to indicate your preference for the institution to disclose the following public or Directory information.

Directory Information

- | | |
|--|---|
| 1) Name of student | 6) Participation in officially recognized activities |
| 2) Date of birth | 7) Sport, weight, and height of members of athletic teams |
| 3) Dates of attendance | 8) Previous educational agency or institution attended |
| 4) Enrollment status | 9) Email address |
| 5) Awards, degrees, or certificates received | |

I understand that Lansing Community College is not responsible for any "Directory Information" released prior to the date on this form that the restriction indicated above will continue until such time as I request its removal in writing to the Office of the Registrar.

Do **NOT** Disclose

Student Signature _____ Date: _____

I hereby release my original request to withhold disclosure and allow LCC to release the "Directory Information" from this date forward.

CANCEL previous "do not disclose" request

Student Signature _____ Date: _____

OFFICE USE ONLY

Do **NOT** Disclose—Identity verified by:

CANCEL previous Do Not Disclose—Identity verified by:

(signature)

(signature)

Confidential flag **checked** in Banner by:

Confidential flag **unchecked** in Banner by:
(and notation of cancel date in SPACMNT)

(staff signature) _____
Date

(staff signature) _____
Date