



Enrollment Services
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
 Registration@umpqua.edu

Withhold Directory Information Request

In accordance with the Family Educational Rights and Privacy Act of 1974, I,

Last Name

First Name

Middle Initial

request that Umpqua Community College NOT release any information concerning myself, including directory information as shown below, to ANY party.

The information Umpqua CC defines as Directory Information is as follows:

- ❖ Student's name
- ❖ Student's email address
- ❖ Terms of enrollment
- ❖ Degree and awards received
- ❖ Participation in officially recognized activities and sports
- ❖ Weight and height of members of athletic teams
- ❖ Most recent previous educational agency or institution attended
- ❖ Under the Solomon Amendment names and addresses will be released to the branches of the US Armed Forces upon request
- ❖ In compliance with the Hope Scholarship and Lifelong Learning Tax reform, information will be released to the IRS

I understand by signing this form that information will NOT be given, even in the event of a family emergency, to any party wishing to contact me or requesting information about me.

Name (please print) _____ **Student ID:** _____

This request will be kept on file by the college.

Student Signature _____ **Date:** _____

Signifies Approval & Authorization.

Section 2 – REVOKE REQUEST (used to revoke this request only)

By signing below, I hereby revoke this request.

Student Signature _____ **Date:** _____

Signifies Approval & Authorization.

Office USE ONLY

SPAIDEN updated Date ____/____/____ Initials: _____