

## Withhold Directory Information

**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
- ❖ Student's phone number
- ❖ Student's address
- ❖ Terms of enrollment
- ❖ Degree and awards received
- ❖ Dean's list, President's list, honors list
- ❖ 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: \_\_\_\_\_