Student Records● 928 Manchester Expressway ● Columbus, GA 31904-6572 ● Phone (706) 649-1857 ● FAX (706) 649-1681

Request to Restrict Directory Information

Columbus Technical College may provide Directory Information in accordance with the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA). Directory Information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. Designated Directed Information at Columbus Technical College includes the information listed below. Students may withhold Directory Information by notifying the Registrar in writing, using this form.

Please consider very carefully the consequences of any decision by you to withhold any category of "Directory Information". Some of the effects of your decision to request confidential status for this information will be that friends or relatives trying to reach you will not be able to do so through the College; and information that you are a student here will be suppressed. This means that if a loan company, prospective employer, or another educational institution inquires about you, they will be informed that we have ***no record*** of you attending the College. Please check the appropriate boxes and affix your signature below to indicate that the College has your permission to not disclose the following Directory Information:

- ☐ **all directory information**
- ☐ name
- ☐ local address
- ☐ telephone number
- ☐ e-mail address
- ☐ date and place of birth
- ☐ photograph
- ☐ participation in officially recognized activities
- ☐ dates of attendance, including full and part-time status
- ☐ dates of graduation, including the listing of such information in the commencement program
- ☐ major fields of study
- ☐ honors, degrees and awards received
- ☐ previously attended educational agencies or institutions

Columbus Technical College assumes no liability as a result of honoring your instruction that the above information be withheld.

Student Name (Printed) & Date: _____

Student Signature _____Student ID#_____

Note: request for non-disclosure will be honored by the College for no more than one academic year. Re-authorization to withhold Directory Information must be filed annually in the Office of the Registrar.