

Request to Prevent Disclosure of Directory Information

Adams Center
401 North Main Street
Adams, WI 53910
Phone: 608.339.3379 Fax: 608.339.9625
TTY: 608.339.5117

Marshfield Campus
2600 West Fifth Street
Marshfield, WI 54449
Phone: 715.387.2538 Fax: 715.389.2864
TTY: 715.387.3696

Stevens Point Campus
933 Michigan Avenue
Stevens Point, WI 54481
Phone: 715.344.3063 Fax: 715.342.3134
TTY: 715.342.3135

Wisconsin Rapids Campus
500 32nd Street North
Wisconsin Rapids, WI 54494
Phone: 715.422.5300 Fax: 715.422.5561
TTY: 715.422.5456

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), a student has the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

Please read the following and consider very carefully the consequences of any decision to withhold any category of "Directory Information."

Should you inform the college not to release any or all of this "Directory Information" listed below, any future requests for such information from non-institutional persons or organizations will be refused.

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

The college will honor your request to withhold information until you notify the Office of Student Records in writing that you wish to remove the disclosure restriction.

Please check appropriate boxes and provide your signature below to indicate your approval/disapproval for the college to disclose the following Directory Information:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Student ID # (This will limit your access to MSTC's computer systems.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Name | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Address | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Telephone number | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Email address | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Dates of enrollment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Previous institution(s) attended | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Major field of study | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Awards/honors | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Degrees(s) conferred (including dates). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Past and present participation in officially recognized sports and student activities | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Date of birth. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Student Name: _____ Social Security Number _____

Student Signature _____ Date: _____

This request expires at the end of each academic year (May 31) or at graduation and may be renewed after that time. Please forward to the Office of Student Records.