

Adams County Center
 401 North Main Street
 Adams, WI 53910

Marshfield Campus
 2600 West Fifth Street
 Marshfield, WI 54449

Stevens Point Campus
 1001 Centerpoint Drive
 Stevens Point, WI 54481

Wisconsin Rapids Campus
 500 32nd Street North
 Wisconsin Rapids, WI 54494

Phone: 715.422.5300 Toll-free: 888.575.6782 Fax: 715.422.5561 Web: mstc.edu

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.

Please check appropriate boxes and provide your signature below to indicate your desire for the college to prevent disclosure of the following items of Directory Information:

Student ID #	<input type="checkbox"/>
Name	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>
Address	<input type="checkbox"/>
Phone Number	<input type="checkbox"/>
Email Address	<input type="checkbox"/>
Date of Enrollment	<input type="checkbox"/>
Student Status (Full-time, Part-Time, etc.)	<input type="checkbox"/>
Program(s) of Study	<input type="checkbox"/>
Awards/Honors	<input type="checkbox"/>
Degrees(s) Conferred (including dates)	<input type="checkbox"/>
Past and present participation in officially recognized sports and student activities	<input type="checkbox"/>

I understand that I may revoke this request for nondisclosure of directory information at any time by declaration in writing. Unless revoked, this request remains in effect and does not expire.

Student Name:	Social Security Number:
Student Signature:	Date: