

Student Request Not to Disclose Directory Information

Student's Name: _____ Student ID Number: _____

Current Academic Semester: _____

Pursuant to the Family Educational Rights and Privacy Act of 1974 (also known as the Buckley Amendment), I hereby request that Greenfield Community College not disclose without my prior written consent to other than College officials, the following items identified by Greenfield Community as directory information.

Name

Major field of study

Dates of Attendance

Graduation Date(s)

Honors Conferred

I understand my request for non-disclosure will be honored for my entire stay at Greenfield Community College and by signing this form that no information related me or my attendance at GCC will be released without my written consent.

Student's Signature: _____ Date: _____

For Office Use Only:

Updated in SPAPERS: Date: _____ Initials: _____