



DIRECTORY INFORMATION NON-DISCLOSURE FORM

Per compliance with The Family Educational Rights and Privacy Act of 1974 (FERPA)

Records Office • PO Box 38 Wentworth NC 27375 • 336.342.4261 Fax: 336.342.1809 • records@rockinghamcc.edu

This form must be filed with the Record's Office if you do not wish any or all directory information disclosed without your prior consent. Directory information otherwise may be made available to any parties deemed to have a legitimate educational interest in the information. The requests indicated on this form may be changed at any time by filing a new form with the Record's Office.

I. _____
STUDENT NAME (Print) RCC STUDENT ID NUMBER (7 Digits)

DATE OF BIRTH (mo/day/yr)

II. SELECT AND INITIAL BY ONE (A, B, OR C)

a. _____ Do not disclose any directory information without my prior consent. (If you initial here, skip III. STUDENT SIGNATURE)

b. _____ Do not disclose the following directory information without my prior consent. (Initial the items which you do not want released and go to STUDENT SIGNATURE.)

- _____ Name
- _____ Date and place of birth
- _____ Program of study
- _____ Enrollment status
- _____ Dates of attendance
- _____ Degrees and awards received
- _____ Most recent previous school attended
- _____ Participation in officially recognized activities
- _____ Weight and height of athletes

c. _____ Withdraw my prior instructions to not release directory information. I now authorize RCC to release all of my directory information to parties with a legitimate educational interest.

III. _____
STUDENT SIGNATURE DATE

OFFICE USE ONLY

Received by: Initials _____ Date _____

Entered: BIO Initials _____ Date _____