



DIRECTORY INFORMATION NON-DISCLOSURE FORM
Request for a Directory Information Hold

Please complete, sign and return to the Registrar or Associate Registrar, Rooms 100L or 108B.

Directory Information. Muskegon Community College, in compliance with the Family Rights and Privacy Act of 1974, as Amended (FERPA), has designated the items listed below as *Directory Information* (public information, which would not generally be considered harmful or an invasion of privacy if disclosed). Muskegon Community College may, as permitted under FERPA, release or use this information without the student’s written consent or approval. NOTE: Muskegon Community College does not release Directory Information to third parties to be used for commercial purposes.

Students have the right to block the release of their *Directory Information* with their written consent. This request can be made at any time by submitting this form, signed. It will be honored by Muskegon Community College until removed, in writing, by the student. Should a student decide to request that Muskegon Community College block the release of this information, any future requests for this information will be refused.

Muskegon Community College will honor your request to place a *Directory Information Hold* on this information, but cannot assume responsibility to contact you for subsequent permission to release the hold. Muskegon Community College assumes no liability as a result of honoring your instructions to block your *Directory Information*.

Please affix your signature below to indicate your disapproval for MCC to disclose the following public or *Directory Information*.

DIRECTORY INFORMATION

1. Student’s name
2. Major field of study
3. Weight and height of athletes
4. Participation in officially-recognized activities and sports
5. Dates of attendance, degrees, date of graduation and awards
6. Photographs

Directory Information does not include student identification numbers, Social Security numbers, or other personally identifiable information.

Student Number _____ Student Name _____

Street Address _____

City / State / Zip Code _____

Student Signature _____

Date _____

Any questions or concerns, please contact the Associate Registrar 231-777-0240 or Registrar 231-777-0519.

↓OFFICE USE ONLY↓

RECEIVED BY: _____ OFFICE: _____ DATE: _____

Checked Student ID

(Registrar’s Office Revised 01/31/17)