

**REQUEST TO PREVENT DISCLOSURE OF
DIRECTORY INFORMATION**

The Sauk Valley Community College policy on student records complies with the **“Family Educational Rights and Privacy Act.”** This act was designed to protect the privacy of education records, to establish the rights of students to inspect and review their education records, and to provide guidelines for correction of incorrect or misleading data through formal and informal hearings.

No one outside the College shall have access to nor will the College disclose any information about student educational records without the written consent of the student. Exceptions are personnel within the College in which students seek to enroll, persons or organizations providing students financial aid, accrediting agencies carrying out their accreditation function, persons in compliance with a judicial order, and/or persons in an emergency in order to protect the health or safety of students or other persons and to parents of an eligible student as a dependent for tax purposes.

The items listed below are designated as **“Directory Information”** and may be released for any purpose at the discretion of Sauk Valley Community College. Please consider very carefully the consequences of any decision by you to withhold directory information. Should you decide to inform the College not to release directory information, any further 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 for the time that you are continuously enrolled. Students who do not re-enroll for a period of one year must file a new request to re-instate the withholding of directory information. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Under the provisions of the Family Educational Rights and Privacy Act, you have the right to withhold the disclosure of the directory information listed below.

Name, address, telephone listing, major field of study, dates of attendance, degrees and awards received, the most recent educational agency or institution attended by the student, participation in officially recognized activities and sports, and weight and height of members of athletic teams.

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

Student Signature _____ Date _____

This form must be completed within two weeks after the first day of classes for the fall term.

