



Hawkeye Community College
Attn: Registrar's Office
PO Box 8015
Waterloo IA 50704-8015
319-296-2460 register@hawkeyecollege.edu

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

To: Student

Semester/Year _____

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our College. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of the "Directory Information" listed below.

Name, address, telephone number, dates of attendance.

Previous institution(s) attended, major field of study, awards, honors (includes Dean's list), degree(s) conferred (including dates).

Past and present participation in officially recognized sports and activities, physical factors (height, weight of athletes), date and place of birth.

Please consider very carefully the consequences of any decision by you to withhold "Directory Information." Any future requests for the above information from non-College persons or organizations will be refused.

The College will honor your request to withhold the information 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.

This non-disclosure of information will be in effect as long as you are continuously enrolled at the College each year (fall and spring semester).

Affix your signature below to indicate to the College that the following "Directory Information" is NOT TO BE disclosed or made public.

Name, address, telephone number, dates of attendance.

Previous institution(s) attended, major field of study, awards, honors (includes Dean's list), degree(s) conferred (including dates).

Past and present participation in officially recognized sports and activities, physical factors (height, weight of athletes), date and place of birth.

Name (please print) _____ SS#/Student ID _____

Student Signature _____ Date _____

Affix your signature below to indicate to the College that the Directory Information hold can be released from your record.

Student Signature _____ Date _____

This form is in compliance with the Family Education Rights and Privacy Act of 1974 as amended.