

Office of Records and Registration

640 Bay Road, Queensbury, NY 12804-1445

CALL: 518.743.2279 | FAX: 518.832.7601 | EMAIL: registrar@sunyacc.edu

Request to Withhold Directory Information (FERPA)

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the College may disclose information about a student if it is designated as "directory information." The following information has been designated as directory information by the College and may be released to the general public and military recruiters (per the Solomon Amendment) without student authorization:

- Name
- Address
- Phone number
- Student campus email address

For Registrar Use to Withhold Directory Information:

For Registrar Use to Cancel Withholding of Directory Information:

- Date(s) of attendance
- **Enrollment status**
- Date of Birth
- Major field of study

- Honors and awards
- Graduation and degrees awarded
- Credit hours earned

You have the right to withhold the disclosure of directory information. The failure of any student to specifically object to the release of information listed above within fourteen days following the first day of classes will be interpreted as approval. Requests objecting to the release of information must be made utilizing this form.

By completing this form, you will be requesting the College not release information from your student record without your written permission. This request can be withdrawn at any time. This request will expire upon graduation from the College.

The complete <u>Student Records policy</u> can be found in the College Catalog; <u>http://catalog.sunyacc.edu/regulations/studentrecords</u>							
Student Acknowledgment of Student Records Policy and Limitations:							
Semester:	□ Summer	☐ Fall	☐ Winter	☐ Spring	Year:		
Student Bann	er ID:						
Student Name	e (Please print): _						
	` ' / -	First		Middle		Last	
I have read the College's policy on the release of student records. This request only applies to student records and does not apply to College employment records. I am requesting that my student records be withheld from the public except where required by law.							
understand that by withholding directory information this does not prevent the disclosure of personally identifiable information to authorized representatives of federal, state, and local agencies, or any of the other exceptions to signed consent found in FERPA regulations. The College works with the National Clearinghouse and my information will continue to be released to them. Authorized individuals at the College and whom I have granted access to via the FERPA Waiver Authentication Survey will be able to receive information. Information will still be released to comply with a judicial order or lawfully executed subpoena.							
The College will not publish any information regarding academic awards, scholarships or graduation. I understand it is my responsibility to provide authorization for the College to follow through on any verifications or certifications.							
understand that this request can be rescinded by at any time by updating the form below or notifying the Registrar in writing.							
Student Signature:					Date:		_
 Completed forms must be submitted to the Office of Records and Registration via mail or in person with original signatures. Forms must be submitted within fourteen days following the first day of classes for the semester listed above. Request forms will be processed within 3 business days after receipt of the completed form. 							
Student Requ	est to Cancel Wit	hholding of Di	ectory Informatio	<u>n:</u>			_
l am requestinç	g to cancel my pre	vious withholdin	g request. My direc	tory information ca	an be released in a	ccordance with College policy	١.
Student Signature:				Date:			

Initials:

Initials: ____

Date Processed: ___

Date Processed:

Updated: 7/24/19