



Request to Prevent Disclosure of Directory Information

Boulder County Campus
2190 Miller Drive
Longmont, CO 80501
303-678-3722
Fax: 303-678-3637
BCCAdmissions@frontrange.edu

Brighton Center
1850 E. Egbert Street
Brighton, CO 80601
303-404-5099
Fax: 303-655-1763
Frcb.brightoncenter@frontrange.edu

Larimer Campus
4616 South Shields
Fort Collins, CO 80526
970-204-8107
Fax: 970-204-8365
LCAdmissions@frontrange.edu

Westminster Campus
3645 West 112th Avenue
Westminster, CO 80031
303-404-5414
Fax: 303-404-5150
WCAdmissions@frontrange.edu

Student Name: _____
Last Name *First Name*

Student ID: _____ Phone Number: _____

Email Address: _____@student.cccs.edu

FRCC abides by the Family Education Rights and Privacy Act of 1974 as amended. One part of the act is designated to protect the privacy of educational records. The release of educational records to parties other than the student requires the student's written consent. The exception to this is the release of Directory Information. FRCC designates the following items as "directory information": student name, major field of study, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, and most recent educational institution attended. The college may disclose any of this information without prior written consent, unless notified by the student in writing to the contrary.

By filling out and submitting this form, you are acknowledging that none of your directory information will be released to any non-institutional person or organization. Regardless of the effect upon you, the institutional assumes no liability for honoring your instructions that such information be withheld.

This form remains in effect indefinitely or until the student revokes such request in writing.

DISCLOSE DIRECTORY INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Name |
| <input type="checkbox"/> | <input type="checkbox"/> | Year of Birth |
| <input type="checkbox"/> | <input type="checkbox"/> | Major Field of Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Participation in Officially Recognized Activities and Sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Dates of Attendance |
| <input type="checkbox"/> | <input type="checkbox"/> | Degrees and Awards Received |
| <input type="checkbox"/> | <input type="checkbox"/> | Most Recent Institution Attended |

Student Signature _____

Date _____