Request for Restricting the Release of Directory Information
Office of Records – Jones Student Center, Columbia State Community College
Ph: 931.540.2548 / Fax: 931.540.2830

Under the Family Educational Rights and Privacy Act of 1974, release of personally identifiable student education records (other than directory information) to any party other than those specified by FERPA is not permitted without your written consent. Further, you may elect to restrict the "Directory Information" listed below by signing and dating this form, providing a copy of your Student ID and/or Drivers License, and returning the form and the copy to Records Office, Jones Student Center 101, Columbia, TN 38401.

Columbia State Community College "Directory Information"
- Name
- Address
- Telephone Listing
- Date and Place of Birth
- Major Field of Study
- Participation in Officially Recognized Activities and Sports
- Weight and Height of Members of Athletic Teams
- Dates of Attendance
- Degrees and Awards Received
- Most Recent Previous Education Agency or Institution Attended
- Current Enrollment Status (full-time or part-time or withdrawn status)
- Other information as approved by the institution*

*Examples of such disclosures include, but are not limited to, play-production programs, honors recognition lists, graduation programs, and athletic activity sheets and programs.

Please consider very carefully the consequences of any decision to have your "Directory Information" withheld.
The College will: (1) refuse to release any information about you to your insurance company, current or future employers, all types of media, and any non-institutional persons or organizations; (2) give no financial aid or personal information over the phone; (3) state "We can provide no information on that person" to any request for information. The College assumes no liability for honoring your request to withhold this information.

Please indicate with a check mark your understanding of the following statements:

□ I understand it may take at least two weeks from the date of receipt to process this non-release request.

□ I understand that this does not prevent disclosure to College personnel who have a need to know consistent with their official duties for Columbia State Community College or to persons outside the College if such outside disclosure (1) is permitted by me in writing; (2) is in connection with my application for or receipt of financial aid; (3) is in connection with my application to or my previous enrollment in another school; (4) Is pursuant to a lawfully issued subpoena or court order; (5) is required by a health or safety emergency; (6) Is otherwise required or permitted by law.

□ I understand that my information will be restricted until this office is notified in writing by completing a Cancellation Request for Restricting the Release of Directory Information form.

_____	A_____	_____
Print Name	A-Number	Date

_____	_____	_____	_____
Student Signature	Phone Number	Cell Phone Number	Email

Office Use:
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