



Name \_\_\_\_\_  
Student ID \_\_\_\_\_

## Request to Withhold Directory Information

### Directory Information

Hibbing Community College designates the following as **directory information** and, as such, it is available to the general public on request:

- Student's name
- Student's address
- Student's telephone number
- Student's e-mail address
- Student's photograph (stills or motion)
- Student's dates of attendance
- Student's class standing (e.g. freshman, sophomore)
- Student's major field of study
- Student's degrees, certificates and awards received

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, you have the right to request HCC withhold your directory information. HCC will continue to release information about you as dictated by federal and state laws.

### Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or

organizations will be refused without your written authorization, except where required by law. For example, the college would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, and apartment leases, etc. unless the request is accompanied by your signed, dated release. Hibbing Community College can not assume responsibility for contacting you for this authorization, nor accept liability for honoring your request that such information be withheld.

Your request to withhold directory information will remain in effect until you inform us in writing of your wish to rescind it or until ten years after your death.

### Authorizing the Release of Information

During the time your request is in effect, you must authorize, on a transaction-by-transaction basis the release of information (for example, the release of enrollment verification or a college transcript) Authorization is submitted in the form of a signed and dated request.

## Directory Information Withhold/Release Request Form

### Withhold Directory Information

I wish to prevent the disclosure of my directory information and understand the implications of doing so, as described above.

Name (print) \_\_\_\_\_

Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

From the date this form is received, the Records Office will honor your request to **withhold** your **directory** information.

### Release Directory Information

You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Directory Information designation.

**Return this form to the Records Office, Hibbing Community College, 1515 E. 25<sup>th</sup> Street, Hibbing, MN 55746. Fax: (218)263-2992**

I no longer wish to prevent the disclosure of my directory information.

Name (print) \_\_\_\_\_

Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

From the date this form is received in the Records Office, we will honor your request to **release** your **directory** information.

This document may be available in alternative formats to individuals with disabilities by calling 218-262-7200 or 1-800-224-4422.

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