



Request to Withhold Directory Information

NAME: _____

SOCIAL SECURITY NUMBER: _____

I request that Austin Community College withhold all directory information. This will be in effect until I cancel the request in writing. I understand that Austin Community College defines "Directory Information" as follows:

- ◆ Student's Name
- ◆ Address
- ◆ Telephone Number
- ◆ Date of Birth
- ◆ Place of Birth
- ◆ Enrollment Status
- ◆ Major Field of Study
- ◆ Dates of Attendance
- ◆ Participation in Activities
- ◆ Degrees, Certificates, and Awards
- ◆ Most Previous Institution Attended
- ◆ Student Classification

Signature: _____ Date: _____

RELEASE: Effective immediately, Austin Community College may release all directory information.

Signature: _____ Date: _____

ADRE.059.1007



Request to Withhold Directory Information

NAME: _____

SOCIAL SECURITY NUMBER: _____

I request that Austin Community College withhold all directory information. This will be in effect until I cancel the request in writing. I understand that Austin Community College defines "Directory Information" as follows:

- ◆ Student's Name
- ◆ Address
- ◆ Telephone Number
- ◆ Date of Birth
- ◆ Place of Birth
- ◆ Enrollment Status
- ◆ Major Field of Study
- ◆ Dates of Attendance
- ◆ Participation in Activities
- ◆ Degrees, Certificates, and Awards
- ◆ Most Previous Institution Attended
- ◆ Student Classification

Signature: _____ Date: _____

RELEASE: Effective immediately, Austin Community College may release all directory information.

Signature: _____ Date: _____

ADRE.059.1007