

REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

Year: _____

Term: Fall Spring Summer

Last Name: _____ **First Name:** _____

Student ID Number: _____

At the Corcoran College of Art and Design the following information about a student can, by law, be released to the general public:

Student's name, Address, Telephone number, E-mail address, Date/Place of Birth, Participation in officially recognized activities, Photographs, Degrees and awards received, Dates of attendance, Enrollment status (full- or part-time, undergraduate or graduate), Most recent school attended.

No other student information is released to non-Corcoran personnel without your written permission. By completing this form, you will be requesting that information **not** be released to non-Corcoran personnel.

Some of the effects of your decision to request confidential status will be that you must make all address changes with a signed authorization or in person with a form of ID; friends or relatives trying to reach you will not be able to do so through the College; information that you are a student here will be suppressed, so that if a loan company, prospective employer, family member, etc. inquire about you, they will be informed that we have no record of your attendance here.

Note: Requests for non-disclosure will be honored by the College for no more than one academic year. Re-authorization to withhold directory information must be filed annually in the Office of Registrar within the first two weeks of the Fall semester.

I hereby request that the directory information identified above be maintained as confidential. Effective immediately, this information should not be disclosed to individuals outside the College without my written permission.

Student Signature _____ Date _____