

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

Phone: \_\_\_\_\_ SF Email Address: \_\_\_\_\_

Under the provisions of the Family Education Rights and Privacy Act (FERPA), as amended, “**directory information**” about students may be released at the discretion of the college. Santa Fe College defines directory information as:

*Student’s name, address, telephone number, date of birth, major field of study, participation in officially recognized activities and sports, weight and heights of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.*

Students have the right to request the institution to withhold the disclosure of directory information to the public. Student requests for directory information exclusion may be made any time during the semester and will remain in effect until rescinded in writing using this form, by the student.

Select one:

\_\_\_\_\_ **I request Santa Fe College to withhold the disclosure of my directory information to the public.**

**I understand that:**

- My information will be suppressed, so that if any third parties (loan company, bank, prospective employer, family member, etc.) inquire about me, they will be informed that Santa Fe College is not authorized to provide any information.
- My name and information will not appear in college commencement and graduation publications.
- This will impact an agency’s ability to conduct enrollment verifications.
- This request supersedes all previous FERPA authorizations and new FERPA forms will not be processed until this exclusion is rescinded.
- College staff will only provide me limited services and/or information via email or over the phone.

\_\_\_\_\_ **I request to rescind my previous request that Santa Fe College withhold the disclosure of my directory information to the public.**

**This form must be witnessed by a Santa Fe College employee or by an active public notary with seal.  
Notarized forms must be submitted via email to: registrar@sfccollege.edu.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Print full name Signature

*Notary Seal*

### OFFICE USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_