

Name _____

Student ID#/ Birthdate _____



Attn: Registrar's Office
400 7th Street N
PO BOX C-0908
La Crosse, WI 54602-0908
Phone 608-785-9553 Fax 608-785-9148

REQUEST TO WITHHOLD DIRECTORY INFORMATION

You have certain rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) concerning your school records. This law permits the college to release "directory" information about students.

Western Technical College include the following as "directory information"

- Name
- City
- State
- Dates of attendance
- Credit Load
- Previous colleges and schools attended
- Program of Study
- Awards, honors, degrees conferred include dates
- Past and present participation in officially recognized sports and activities

Please read the following and consider very carefully the consequences of any decision to withhold "directory information."

Should you inform the college not to release "directory information", all future requests for information from non-institutional persons or organizations will be refused. Examples of such requests that would not be released include, but are not limited to; enrollment verifications for insurance, employer's request for verifications of enrollment/degree, licensing or registry forms.

The college will honor your request to withhold "directory information", but cannot assume responsibility to contact you for subsequent permission to release. Regardless of the effect upon you, the college assumes no liability for honoring your request that such information be withheld.

The college will honor your request to withhold information until you notify the Registrar's office in writing that you wish to remove the disclosure restriction.

_____ I hereby request Western Technical College to withhold directory information

Or

_____ I wish to revoke my request

Student signature

Date