



Request for FERPA Information Disclosure Restriction

Student Name: _____ Student ID#: _____

Directory Information is information that Durham Tech has determined may be shared about an individual student which includes a student's name, email address, current program of study, terms enrolled, honors and awards, credentials earned, and participation in official student clubs or organizations.

Directory Restriction

- I request the withholding of ALL directory information. This means that my information will not be shared in any Durham Tech publications or press releases, including the Commencement Program.

FERPA Restriction

- I request the withholding of ALL (directory and non-directory) information. This means that my attendance and existence at Durham Tech will not be acknowledged.

Revocation of Restriction

- I request that the college revokes the previously requested Directory Restriction or FERPA Restriction, which is currently in place on my education record.

STUDENT AUTHORIZATION:

By signing below, I authorize Durham Technical Community College to place the restriction indicated above, or revoke a previously requested restriction as indicated above, on my education record.

Student Signature: _____ Date: _____

Please return this form to the Student Information and Records office, Wynn Center (Building 10), room 10-201 or fax it to 919-686-3768. Allow 3-5 business days for processing.