



Request to Withhold Directory Information

Directory Information

At MCTC (Student Records Policy 4.11) the following information is Public Information (directory information). This data is accessible to any member of the public for any review:

- Name of Student
- Date of Attendance
- Graduation, Certification
- Field of Study

Students have the right to request we withhold their directory information. If you request that we withhold your directory information, ALL REQUESTS for information from non-institutional persons or organizations will be refused without your written authorization, except where required by law.

For example, MCTC would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, apartment leases, etc. unless the request is accompanied by your signed, dated release.

MCTC cannot assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld.

Your request to withhold your directory information will remain in effect until you inform us in writing of your wish to rescind it.

MCTC will continue to release information about you as dictated by federal and state laws.

Directory Information Withhold Request

I wish to prevent disclosure of my directory information and understand the implications of doing so, as described above.

Name (print) _____

Student ID# _____ Date _____

Signature _____

From the date this form is received in the Records Office, we will honor your request to **withhold your directory information** until you request in writing that you wish to remove the **withhold directory information** designation.

Authorizing the Release of Information

You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Directory Information designation (for example, the release of an enrollment verification or a college transcript).

Authorization is submitted in the form of a signed and dated Release of Information form (available on the college website).

EXCEPTION: Students enrolled in courses which use online methods of instruction may have their email address shared with other class members enrolled in that particular course.

Release Directory Information Request

I no longer wish to prevent disclosure of my directory information.

Name (print) _____

Student ID# _____ Date _____ Signature _____

From the date this form is received in the Records Office, we will honor your request to **release your directory information**.

Return this form to: Minneapolis Community and Technical College, Records Office (T.2200)
1501 Hennepin Avenue, Minneapolis, MN 55403 FAX: (612)659-6245