

Name \_\_\_\_\_

Student ID#/Birthdate \_\_\_\_\_



Attn: Registrar's Office, 400 7<sup>TH</sup> Street North  
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.**

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**Western Technical College includes the following as "directory information":**

- Name
- City
- State
- Date of birth
- Dates of attendance
- Credit load
- Previous colleges and schools attended
- Program of study
- Awards, honors, degrees conferred including 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 such 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 verification for insurance, employers request for verification 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.

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\_\_\_\_\_ **I hereby request Western Technical College to withhold directory information.**

**OR**

\_\_\_\_\_ **I wish to revoke my request.**

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Student Signature

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Date