



COMMUNITY COLLEGE  
OF RHODE ISLAND  
Office of Enrollment Services

**REQUEST TO REMOVE HOLD ON DIRECTORY INFORMATION**

Please remove the hold I previously requested be placed on Directory Information. Effective this date I authorize the College to disclose the following:

Directory Information	Disclose: (indicate <b>Yes</b> for each category)
Category I      Name, addresses, telephone numbers, e-mail addresses, major, dates of attendance, enrolled (yes/no), enrollment status (full-time/part-time)	_____
Category II      Awards, Honors (including Dean's List), anticipated date(s) of graduation, degree(s) conferred (including dates)	_____
Category III      Disclosure to other schools	_____

Student's Name (Print) \_\_\_\_\_ ID Number \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Flanagan Campus**, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 - P: 401.825.2003, F: 401.333.7122

**Knight Campus**, 400 East Avenue, Warwick, RI 02886-1807 - P: 401.825.2003, F: 401.825.2394

**Liston Campus**, One Hilton Street, Providence, RI 02905-2304 - P: 401.825.2003, F: 401.455.6181

**Newport County Campus**, One John H. Chafee Blvd. Newport, RI, 02840 - P: 401.825-2003, F: 401.851.1627