



COMMUNITY COLLEGE  
OF RHODE ISLAND

Office of Enrollment Services

REFUSAL TO PERMIT DESIGNATION OF DIRECTORY INFORMATION

To: Enrolled Students

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our institution. This document applies for one academic year, therefore, a new form for nondisclosure must be completed each academic year.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold the "Directory Information". Should you decide to inform the institution not to release all of this "Directory Information", any future requests for such information from non-institutional persons or organizations will be refused.

The institution will honor your request to withhold the "Directory Information" listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld (i.e. verifications regarding full-time/part-time status for insurance purposes or employment). THIS HOLD MAY NOT BE REMOVED ONCE YOU HAVE LEFT THE SCHOOL OR GRADUATED AS FERPA RIGHTS APPLY ONLY TO ENROLLED STUDENTS.

Indicate those categories you DO NOT WISH THE COLLEGE TO DISCLOSE as directory information by writing "NO" on each line.

DIRECTORY INFORMATION

DO NOT DISCLOSE INFORMATION:  
Indicate "NO" for each category

Category I      Name, telephone, e-mail addresses, date of birth  
major, dates of attendance, class level, Enrollment  
status (yes/no and full/part-time)      \_\_\_\_\_

Category II      Awards, Honors (including Dean's List), anticipated  
graduation date(s), degree(s) conferred (including  
dates)      \_\_\_\_\_

Category III      Disclosure to other schools      \_\_\_\_\_

Academic Year: \_\_\_\_\_

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

ID Number \_\_\_\_\_

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

Date \_\_\_\_\_

If this form is not received in the Office of Enrollment Services, it will be assumed that the above information may be disclosed for the remainder of the current academic year.