



1 College Place; Claremont, NH 03743
438 Washington Street; Keene, NH 03431

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION (2016/2017)

River Valley Community College considers the following to be Directory Information: Student’s name, address, telephone number, date of birth, major field of study, dates of attendance, degrees, awards, honors and most recent educational institution attended.

If you do not wish disclosure of any or all of the categories of identifiable directory information, you must submit this form to the Registrar’s Office. A new form for non-disclosure must be completed each academic year.

If you choose to withhold Directory Information, any future requests for such information from non-institutional persons or organizations will be refused, except as provided by law. The College will honor your request to withhold general Directory Information but will assume no responsibility to get permission to release information in the future or assume any liability regardless of the effect upon you by withholding this information.

Please mark the appropriate lines and affix your signature below to indicate your disapproval for the institution to disclose the following Directory Information:

- | | |
|--|---|
| <input type="checkbox"/> All directory information | <input type="checkbox"/> Major field of study |
| <input type="checkbox"/> Student name | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Student address | <input type="checkbox"/> Degrees |
| <input type="checkbox"/> Telephone number | <input type="checkbox"/> Awards/honors |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Most recent educational institution attended |
| <input type="checkbox"/> Student CCSNH e-mail | |

Student Name: _____
(Please print)

Program: _____

Student Signature: _____

Date: _____

Office Use Only

Date received: _____

By: _____

Date processed: _____

By: _____