SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE

CONFIDENTIALITY REQUEST FORM

Student Information:

Last Name _____ First Name _____

SCCC ID Number _____ Preferred Name _____

SUNY Schenectady County Community College has designated the following items as Directory Information: student's full name, local and permanent address and phone number, campus email address, dates of attendance, degrees awarded, enrollment status, major, degrees and awards received, and participation in officially recognized sports and activities.

Should you decide to ask the institution to not release this information, any future request for such information from non-institutional persons or organizations will be refused unless you provide an express and specific written request for each release. This includes verification of degrees earned by you at this institution.

CONFIDENTIALITY REQUEST

I hereby request that the above listed Directory Information be withheld from release. I understand that under no circumstances will this information be released to anyone, including me, unless requested in writing with my signature or in person with proper identification. This hold will remain in effect until I request in writing to have it removed.

Student Signature _____ Date _____

REQUEST TO REVOKE CONFIDENTIALITY

Please remove the confidentiality hold from my records at SUNY Schenectady County Community College. By my signature below, I request that the confidentiality hold be removed from my records and that release of my Directory Information no longer be restricted.

Student Signature _____ Date _____

For Office Use Only: Processed_____ Date: _____ SPAIDEN_____

FORM: REG-CONF-1