

PELLISSIPPI STATE TECHNICAL COMMUNITY COLLEGE  
REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

At its discretion, Pellissippi State Technical Community College may provide Directory Information in accordance with the provisions of the Family Education Rights and Privacy Act. Directory Information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. Pellissippi State does not publish a student directory; however, Pellissippi State may disclose the following Directory Information concerning a student to any person requesting such information without the consent of the student: Name, Address, Telephone Number, Date and place of birth, Major field of study, Participation in officially recognized activities and sports, Dates of attendance, Degrees and awards received, Most recent previous educational institution attended, E-mail address.

Students may withhold Directory Information by notifying the Admissions and Records Office in writing. Please note that such withholding requests are binding for all information to all parties other than for educational purposes. Students should consider all aspects of a Directory Hold prior to filing such a request. Requests for non-disclosure will be honored by Pellissippi State until removed by the student. **Once graduated or no longer enrolled, a student's right to lift the non-disclosure hold expires.** Please consider removing the hold prior to graduation/leaving the institution particularly if for example, one wishes a potential employer to verify a degree. Designating a hold on Directory Information will call for Pellissippi State not to release the information and any future requests for such information from non-institutional persons or organizations will be refused.

Pellissippi State will honor your request to withhold any of the categories listed below, but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect on you, Pellissippi State assumes no liability as a result of honoring your instructions that such information be withheld.

Please mark the appropriate boxes and sign below to indicate your disapproval for the institution to disclose the following Directory Information:

<input type="checkbox"/> All Directory Information	<input type="checkbox"/> Participation in officially recognized activities and sports
<input type="checkbox"/> Name	<input type="checkbox"/> Dates of attendance
<input type="checkbox"/> Address	<input type="checkbox"/> Degrees and Awards received
<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Most recent previous educational institution
<input type="checkbox"/> Date and place of birth	<input type="checkbox"/> E-mail address
<input type="checkbox"/> Major field of study	

Student Name: \_\_\_\_\_ (please print)

Social Security/Student ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Semester/Year \_\_\_\_\_

Date Received/Initials: \_\_\_\_\_ (office use only)

Note: Requests to withhold directory information must be filed within the first two calendar weeks of the semester.