



Name (Please Print) _____

Student ID # _____ Class _____

AUTHORIZATION TO WITHHOLD DIRECTORY INFORMATION

The following is considered "Directory Information" at Capri College and will be made available to the general public unless the student notifies the Director of Admissions in writing:

Student's name, address, telephone number, email address, date and place of birth, program of study, honors and awards, dates of attendance and enrollment status.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right to withhold disclosure of such Directory Information. Capri College will honor your request to withhold Directory Information. Please consider carefully the consequences of any decision to withhold such Directory Information. Should you decide to inform the school not to release any of this information, any request for such information from the school will be refused.

This signed request must be received by the Director.

I request that Capri College withhold the release of my Directory Information.

Student Signature _____ Date _____

I withdraw permission for Capri College to contact or disclose information to my parents/spouse/legal guardians/references as stated in the handbook.

Student Signature _____ Date _____