

LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

Request to Withhold Directory Information

STUDENT INFORMATION:	Delta ID: _____
Name: _____	
First Middle Maiden Last	
Major: _____	Signature: _____

Under the rights granted to me by the Family Educational Rights and Privacy Act, I request that items defined as directory information by Louisiana Delta Community College (LDCC) not be released without my written consent. I understand that my request to withhold such information will remain valid indefinitely or until I submit a written request to the LDCC Registrar's Office to lift the restriction. Further, I understand that this form is not valid unless it is completed and submitted to the Registrar's Office along with a photo ID. I understand that the following informational items are defined as directory information by LDCC and will not be released:

Name
Address (es)
Telephone number
E-mail address
Date of birth
Dates of attendance
Degrees and dates received
Current class schedule*
Classification (e.g., freshman, senior)
College and major
Full-time/part-time status
Level (e.g., undergraduate, graduate)
Academic honors
Awards and scholarships
Most recent institution attended, including high school
Photograph*
Participation in sports or other recognized activities
Weight and height of members of athletics teams

*released only to LDCC, local, state, and federal law enforcement agencies

FOR OFFICE USE ONLY:	
For Office Use Only:	_____
Processed By:	_____
Date:	_____
Effective Term:	_____
Advisor:	_____

Bastrop • Farmerville • Jonesboro • Lake Providence • Monroe • Ruston • Tallulah • West Monroe • Winnsboro

Member of Louisiana Community and Technical College System