



# Instruction to Withhold the Release of Directory Information

Name: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

As a current or former student of Lakeshore Technical College, Cleveland, Wisconsin, and being 18 years of age or older, I hereby exercise my right under the Family Educational Rights and Privacy Act of 1974 that the release of the following categories of directory student information be **withheld** until such time I revoke this instruction to withhold information.

By this, I am instructing LTC to **withhold** the release of the following information. If I have checked and initialed any of the following categories, that information will be withheld from release.

- |   |   |
|---|---|
| <input type="checkbox"/> Name   | <input type="checkbox"/> Photos and videos of students for use in college presentations/ displays, news releases, publications and websites |
| <input type="checkbox"/> Address                                      | <input type="checkbox"/> Date and place of birth  |
| <input type="checkbox"/> Telephone number                             | <input type="checkbox"/> Degrees, honors and awards received, including selection to a dean's list or honorary organization                 |
| <input type="checkbox"/> Email address                                | <input type="checkbox"/> Dates of class enrollment  |
| <input type="checkbox"/> Field of study                               |   |
| <input type="checkbox"/> Most recent educational institution attended |   |

I understand that I may revoke this instruction to withhold at any time by declaration in writing, which will be effective upon delivery to Student Services at LTC. I understand the withholding of all information pursuant to this instruction prior to receipt of revocation by LTC is authorized. Unless I revoke this instruction, this instruction to withhold will remain in effect.

Signature of Subject of Record \_\_\_\_\_ Date \_\_\_\_\_

Signature of LTC Representative \_\_\_\_\_ Date \_\_\_\_\_