



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 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 Lakeshore College to **withhold** the release of the following information. If I have checked any of the following categories, that information will be withheld from release.

	Name	Photo and videos used in college presentations, displays, news release, publication and websites
	City of Residence	Dates of attendance/enrollment
	Student Email Address	Degree dates, honors or awards received
	Program Plan	Current Enrollment Status

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 Records. I understand the withholding of all information pursuant to this instruction prior to receipt of revocation by Lakeshore is authorized. Unless I revoke this instruction, this instruction to withhold will remain in effect.

Signature of Student _____ Date _____

Signature of Lakeshore Representative _____ Date _____