

# Request for Directory Information

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"Directory information" is information contained in the education records of a student/graduate that would not generally be considered harmful or an invasion of privacy if disclosed. If available, "directory information" typically includes information such as name, city/state of residence, email/telephone listing, year/state of birth, participation in officially recognized activities, dates of attendance, year and level of award. CCMS provides public notice to all students of the types of information which it has designated as "directory information" thus may appropriately disclose limited information to third parties at its discretion without consent from the student/graduate. Students are eligible to restrict the disclosure of such information at any time by notifying CCMS in writing that he/she/they wish to "opt out" of release of any or all types of information designated as "directory information" under 34 CFR § 99.3 and 34 CFR § 99.37.

**GRADUATE NAME (printed)** \_\_\_\_\_

**Surname/Other Name if different at time of attendance** \_\_\_\_\_

**YOUR NAME (printed)** \_\_\_\_\_

**Relation to graduate or Requesting Institution** \_\_\_\_\_

**Your email** \_\_\_\_\_ **Phone (      )** \_\_\_\_\_

**I, the undersigned, request release of the following GRADUATE DIRECTORY INFORMATION:**

- Name
- City/State of Residence
- Email/Telephone
- Year/State of Birth
- Officially Recognized Membership/Activities
- Dates of attendance
- Year and Award Level

### Signature Authorization

**By signing below you attest that your intention is to use any provided directory information for informational purposes only, with no intent to cause harm or duress. You also understand that this request is retained and available to the aforementioned graduate or any other interested party for review.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

**Return this completed authorization form to the CCMS Office of the Registrar or contact registrar@ccms.edu**