

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

According to the provisions set forth in the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), I request that the Registrar's Office not release any of my directory information.

I understand that I will have to come to the Red Rocks Community College campus and show a picture ID or send a notarized request to the college in order to process most college services.

This restrict will rem	ain in effect until I sign another form to remove this restriction.
Please plac	ee this restriction on my account.
Please rem	ove this restriction from my account.
Complete the follow	ing:
NamePlease Print	Phone
NamePlease sign	Date(Signature must be signed in presence of College Official or must be notarized.)
Student ID number_	Year of Birth
Street	
City	StateZip Code
Phone	
	Office Use Only:
Action Taken:	Date and Term: