

**KINGSBOROUGH COMMUNITY COLLEGE
of The City University of New York**

DIRECTORY INFORMATION NON-DISCLOSURE FORM

For more information concerning this form, please consult with the Registrar's Office who can advise you as to the benefits and consequences of filling out this form.

This form must be filed with the Registrar's Office if you do not wish to have directory information disclosed without your prior consent. Otherwise, directory information may be made available to parties deemed to have a legitimate interest in the information. The instructions on this form may be changed at any time by filing a new form with the Registrar's Office. You should initial the appropriate spaces.

PLEASE PRINT:

Your Name: Last Name _____ First Name _____

Student Identification Number _____

A. _____ I DO NOT WANT ANY DIRECTORY INFORMATION DISCLOSED WITHOUT MY PRIOR CONSENT. (If you initial this space you do not need to fill out the rest of this form but you must date and sign the form below.)

B. _____ I do not want the following categories of directory information disclosed without my prior consent. (Initial those items which you do not want released.)

- _____ name
- _____ dates of attendance
- _____ address
- _____ e-mail address
- _____ telephone number
- _____ major field of study
- _____ degree enrolled for
- _____ date of birth
- _____ place of birth
- _____ level of education (credits completed)
- _____ the most recent previous educational institution attended
- _____ enrollment status (undergraduate)
- _____ full- or part-time status
- _____ degrees, honors and awards received
- _____ photograph

C. _____ I want my prior instructions not to release directory information withdrawn. I now authorize the college to release all of my directory information to parties with a legitimate interest.

Dated: _____ **Student's Signature:** _____