

Jefferson Community College
Student Records Office
1220 Coffeen Street
Watertown, NY 13601
Phone: 315-786-2286

Request to Suppress Public Information

Student ID # _____

Last Name (PRINTED) _____

First Name (PRINTED) _____

Middle Initial _____

At Jefferson Community College the following information about a student can, by law as provided for the under the Family Education Rights and Privacy Act of 1974, be released to the general public and may be listed in a campus directory:

1. Students' name
2. Parents' names
3. Addresses
4. Date and place of birth
5. Telephone number
6. Dates of enrollment
7. Enrollment status
8. Degree(s) and honors earned
9. Major field(s) of study
10. Previous educational agency or institution attended
11. Participation in officially recognized activities and sports
12. Weight and height of athletic team members
13. Election district

No other student information is released to non-college personnel without your written permission. By completing this form, you will be requesting that information **NOT** be released to non-university personnel or listed in the campus directory.

Once you have designated a confidential classification, it will **NOT** be removed until you submit a signed authorization requesting that it be remove.

Date: _____

Student Signature: _____