

Authorization to Withhold Directory Information

In accordance with the Family Educational Rights and Privacy Act (FERPA), students may choose to withhold directory information by providing prior consent. By filling out this form you give permission to Evergreen Valley College to withhold "directory" information such as a student's name, address, telephone number, date and place of birth, honors, and awards, and dates of attendance. By default, your directory information will not be released to anyone.

	First Name	Student ID or last 4 digits of SSN
nail	Phone	Date of Birth
Street Address	City	State
dicate which records to be withl	neld	
meate which records to be with	icia	
	• •	ons and registration information, class schedules, grades, assessment and any other documentation contained in the academic records)
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	information as it relates to parking tid	e for tuition and fees, sources of payment for tuition and fees, refund ckets, library fines, financial aid repayments and any other information
	,	ard and disbursement of funds information, satisfactory academic
	,	n contained in the financial aid application or file)
Other (Please specify)		
tudentSignature		
ludentsignature		
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	y authorization for Evergreen Valle	ey College to withhold my directory information. Student Initial
understand that I am giving m	y authorization for Evergreen Valle effect for the current academic yea	
understand that I am giving m		