Admissions, Registration & Records
Confluence - Room 114
Campus Box 201
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-2431
Phone: 303-556-2420
Email: arr@ccd.edu

COMMUNITY COLLEGE OF
DENVER

Request to Prevent Disclosure
of Directory Information

Name: _____ _____ _____
First   M.I.   Last

S#: S_____   **Phone #:** _____

Email: _____@student.cccs.edu
Your official CCD email account is the only email CCD will accept for correspondence.

CCD abides by the Family Education Rights and Privacy Act of 1974 as amended. One part of the act is designated to protect the privacy of educational records. The release of educational records to parties other than the student requires the student's written consent. The exception to this is the release of Directory Information. CCD designates the following items as "directory information": student name, major field of study, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, and most recent educational institution attended. The college may disclose any of this information without prior written consent, unless notified by the student in writing to the contrary.

By filling out and submitting this form, you are acknowledging that none of your directory information will be released to any non-institutional person or organization. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld. **By signing this form you are also recognizing that CCD will not release any information to you or any third-party over the phone. After signing this form, you will only be helped in person and must present a valid photo ID.**

This form remains in effect indefinitely or until the student revokes such request in writing.

DISCLOSE		**DIRECTORY INFORMATION**
Yes	**No**	
☐	☐	Name
☐	☐	Major Field of Study
☐	☐	Participation in Officially Recognized Activities and Sports
☐	☐	Dates of Attendance
☐	☐	Degrees and Awards Received
☐	☐	Most Recent Institution Attended

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student: _____ _____ _____
Print Name   Signature   Date

Internal Use Only
Received by: _____ Date: _____ Processed by: _____ Date: _____