

Student Name: \_\_\_\_\_

ID Number: \_\_\_\_\_



## Directory Information Block

In accordance with the Family Educational Rights and Privacy Act (FERPA), Alamance Community College may release the following directory information as contained in our students' educational records without students' consent:

- Name
- Dates of attendance
- Academic honors
- Degrees, diplomas, or certificates awarded

Signing this form **prevents** the release of the above directory information.

I, \_\_\_\_\_, student ID Number \_\_\_\_\_, **DO NOT** authorize Alamance Community College to release directory information upon request.

I understand that this Directory Block will remain in effect unless I revoke this agreement in writing and the revocation is received and processed by Alamance Community College.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_