



Request to Opt Out of Directory Information

Academic Records and Registrar Office
3201 W. 16th St Sedalia MO 65301
PH: 660-530-5829 * Fax: 660-596-7472
Email: add-drop@sfccmo.edu
Office Hours: Monday-Friday 8am-5pm

Student Information

Name: _____

SFCC Student ID or SSN: _____

Opt Out Information

The following items are designated as directory information at State Fair Community College and will be made available to the general public unless the student notifies the Academic Records and Registrar Office.

- Name
- Address
- E-mail addresses
- Telephone number
- Date of Birth
- Place of Birth
- Current enrollment
- Dates of attendance
- Hours completed
- Major field of study
- Previous educational agency
- Participation in official recognized activities and sports
- Photographs taken for identification or in college publications
- Job placement records
- Height/weight of student athletes
- Degrees and awards including honor's list

Under the provisions of the *Family Educational Rights and Privacy Act of 1974* you have the right to withhold disclosure of such directory information. State Fair Community College will honor your request to withhold directory information but assumes no liability for honoring your request.

Some of the effects of your decision to request confidential status will be that you must make all address changes with a signed authorization or in person with a form of ID; friends or relatives trying to reach you will not be able to do so through the college; information that you are a student here will be suppressed, so that if a loan company, perspective employer, family member, etc., inquire about you, they will be informed that we have no record of your attendance here. Your name will also be withheld from any college publications.

This authorization is valid until a written request to rescind is received by the Academic Records and Registrar Office.

I hereby request State Fair Community College not release any directory information from my academic records. I have read the above paragraphs and understand the consequences of my action.

Student Signature: _____ **Date:** _____

Office Use Only
Processed By: _____ Date: _____