

## OFFICE OF THE COLLEGE REGISTRAR

11011 SW 104th Street Room R-301 Miami, FL 33176 Telephone (305) 237-2206 Email Address registrar@mdc.edu

## REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION UNDER FERPA

| Last Na   | me   | First Name                      | Middle Initial              |
|---|--|---------------------------------|-----------------------------|
|   |  |                                 |                             |
| Student ID  |  | Birthdate (MM/DD/YYYY)          | Request Effective Year/Term |
| The items listed below are designated as "Directory Information" and may be released at the discretion of Miami Dade College only if the requestor can demonstrate legitimate need. MDC has a long-standing commitment to the protection of student's rights and privacy of information, and this commitment will continue as a matter of College policy. |  |                                 |                             |
| Under the provisions of the Federal Family Educational Rights and Privacy Act (FERPA) and Florida State Statute, students have the right to withhold the disclosure of any or all the categories of "Directory Information" listed below. These laws, rules and College regulations are available for review at each MDC campus.                          |  |                                 |                             |
| 1.  | Please consider very carefully the consequences of any decision by you to withhold any category of "Directory Information". Should you decide to inform MDC not to release any or all of this "Directory Information," any requests for such information from MDC personnel or organizations will be refused. This request will be honored until you request a change. This form requesting non-disclosure must be completed not later than the last day for one hundred percent refund (each term you are enrolled) as published in the College academic calendar. This final refund date is not more than three to five days after the first day of classes each term. |                                 |                             |
| 2.  | The College will honor your request to withhold any of the information categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, MDC assumes no liability for honoring your instructions that such information be withheld.  |                                 |                             |
| 3.  | Please note: completion of this form will not prevent disclosure of personal information when in compliance with a judicial order or lawfully issued subpoena. The College will make a reasonable attempt to notify the student before the compliance date, as allowable by law.   |                                 |                             |
| MDC is only allowed to disclose the following " <i>Directory Information</i> :" Student's name, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees and awards received, and enrollment status (i.e., full-time/half-time/not enrolled).                          |  |                                 |                             |
| If, after careful consideration, you wish to prevent disclosure of any of the following, please mark the appropriate box(es) and sign and date the document, below.   |  |                                 |                             |
| <b>DIRECTORY INFORMATION – DO NOT DISCLOSE</b>  |  |                                 |                             |
| 1.  | □ STUDENT'S NAME   |                                 |                             |
| 2.  | □ MAJOR FIELD OF STUDY   |                                 |                             |
| 3.  | 3. □ PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS  |                                 |                             |
| 4.  | 4. □ WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS  |                                 |                             |
| 5.  | □ DEGREES, HONORS AND AWARDS RECEIVED  |                                 |                             |
| 6.  | 6. □ ENROLLMENT STATUS   |                                 |                             |
| _   | STUDENT'S SIGNATURE  |                                 | DATE                        |
| A & D EOD   |  | emotion Under EEDDA (DEV 12/19) | For Office Use Only         |
| A&R FORM _ Request to Prevent Disclosure of Directory Information Under FERPA (REV 12/18)  Revised 3/2020  For Office Use Only  |  |                                 |                             |

Date processed: