



Non-Disclosure Form

Last Name: _____ First: _____ Middle: _____

StarID or Tech ID: _____ Date of Birth: _____

Directory Information

Dakota County Technical College has designated the following information as directory information. Directory information is public data unless you request any of this data to be treated private. Please sign below if you do NOT want the following information released.

- Name
- Address
- Date of Birth
- Telephone Number
- Dates of attendance
- Height and weight of athletes
- Enrollment Status
- Email address
- Honors
- Major field of study
- Participation in officially recognized activities
- Degrees and awards
- Photographs, including student ID pictures

Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or organizations will be refused without your written authorization, **except where required by law**. For example, the college would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, and apartment leases, etc., unless the request is accompanied by your signed, dated release. Dakota County Technical College cannot assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld. Your request to withhold your directory information will remain in effect until you inform us in writing to rescind it.

Withhold Directory Information

I wish to prevent the disclosure of my directory information and understand the implications of doing so, as described above.

Signature: _____ Date: _____

From the date this form is received in the Records and Registration Department, we will honor your request to withhold your directory information until you request in writing that you wish to remove the **withhold directory information** designation.

Release Directory Information

I no longer wish to prevent the disclosure of my directory information.

Signature: _____ Date: _____

From the date this form is received in the Records and Registration Department, we will honor your request to release your directory information.