

Last Name:	First:	Middle:
	Date of Birth:	
Dakota County Technical College has desi	ignated the follows you request any ation released.	ving information as directory information . of this data to be treated private. Please sign below
	ites the following	category of student information as Limited
 and Universities system that are approved by Syste Student name, enrollment status (FT/PT), Student address, city, state, and zip code, and major for pur Student address, email and phone number release 	em Office IT. It Change Code (NEW rposes of sharing with the dots by the code to system universitions of communications.)	y-related purposes internal to the Minnesota State Colleges V/RTN/DROP), e-mail address, permanent phone, permanent in LeadMN. ies for recruitment or marketing communication, to the Dakota on related to post enrollment and alumni association, and
organizations will be refused without your writwould be unable to verify degree, major or enhome mortgage applications, and apartment led Dakota County Technical College cannot assure	v information, all recitten authorization, or rollment for possible eases, etc., unless the time responsibility for such information be	quests for information from non-institutional persons or except where required by law . For example, the college le employment, loan deferment, insurance eligibility, the request is accompanied by your signed, dated release. For contacting you for this authorization, nor can we withheld. Your request to withhold your directory
above.		understand the implications of doing so, as described e:
		on Department, we will honor your request to withhold vish to remove the withhold directory information
Release Directory Information I no longer wish to prevent the disclosure of m	ny directory informa	ation.
Signature:	Date	

DCTC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting the Accessibility Services Coordinator, 651-423-800. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service" at 7-1-1 or 1-800-627-3529.

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

your directory information.