



## Privacy Act Request to Restrict Directory Information

*Please return this form to Enrollment Services at any campus.*

**Student Name:** \_\_\_\_\_ **Student S#:** \_\_\_\_\_

I, the undersigned, hereby request Academic Records and Registration to restrict the release of **ALL Directory Information**, as defined by Pikes Peak Community College, including:

- Student's name
- Semesters attended
- Most recent previous school attended
- Major field of study
- Degrees and awards received

**Student Initial:** \_\_\_\_\_, I understand that no Directory Information will be released unless I, submit a written request to revoke this Privacy Act Request to Restrict Directory Information.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: Student must present a valid phot ID and sign this form in the presence of an official PPCC employee or a Notary*

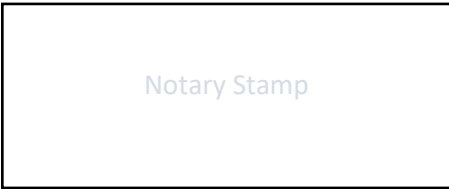
County & State of: \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires: \_\_\_\_\_

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

Print Name: \_\_\_\_\_



**PPCC official signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_