Umpqua Community College
Registration Office

WITHHOLD DIRECTORY INFORMATION REQUEST

P.O. Box 967, Roseburg, Oregon 97470

In accordance with the Family Educational Rights and Privacy Act of 1974, I,

_____

Last Name First Name M.I.

request that Umpqua Community College does NOT release directory information concerning myself to ANY party.

The information Umpqua CC defines as Directory Information follows:

- Student's name
- Date of attendance
- Degree and awards received
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Most recent previous educational agency or institution attended
- Under the Solomon Amendment names and addresses will be released to the branches of the US Armed Forces upon request
- In compliance with the Hope Scholarship and Lifelong Learning Tax reform, information will be released to the IRS

I understand by signing this form that information will NOT be given, even in the event of a family emergency, to any party wishing to contact me or requesting information about me.

_____ _____

Signature Name (please print)

_____ _____

Social Security Number Date Signed

Note: This request will be kept on file by the School Official(s) designated above.