

Request to Restrict Student Directory Information

S.C.C. ID #	
n Accordance with the Family Education Righ	its and Privacy Act of 1974
FERPA), I request that the Office of the Regist	trar restrict all Student Directory
nformation. With this request, such informat	ion is treated as confidential. This
equest will remain in effect until I authorize t	the release of that information.
Student Signature	Date:

Student 's Name_____