



**Enrollment Center**  
1600 E. Golf Rd., Des Plaines, IL 60016  
7701 N. Lincoln Ave., Skokie, IL 60077  
847-635-1700

## Request to Restrict Release of Directory Information

The items below are designated by Oakton College as "Directory Information" as defined under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. This information may be released at the College's discretion.

Under the provisions of the FERPA, you have the right to request that the College withhold disclosure of Directory Information. Disclosure means to permit access to; or the release, transfer, or other communication of; education records, or the personally identifiable information contained in those records, to any party, by any means-oral, written, or electronic. Directory Information includes:

- Student name
- College-issued email address
- Dates of Attendance
- Enrollment status (e.g., part-time, full-time)
- Class level (e.g., freshman, sophomore)
- Past or present participation in officially recognized activities and sports
- Height and weight of student athletes
- Degrees earned with dates
- Honors and awards received
- Prior educational institutions attended
- Course of study

Consider carefully your decision to withhold Directory Information. Once you have given notice to withhold this information, it will not be released to another person, agency, organization, or school. Oakton assumes no liability for honoring your instructions regardless of the effect upon you.

To have Directory Information withheld, you must submit this form to the Enrollment Center no later than the tenth day of the semester (fifth day of summer session) either: 1) in person with a valid photo ID, 2) as an email attachment from your Oakton email address, or 3) by USPS certified mail. You may give initial notice or make changes at any time. However, once you request that information be withheld, the request will remain in effect until you provide written notice of any change.

**I hereby request that Oakton College withhold disclosure of all Directory Information related to my education records at the College.**

Name *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_ Student ID No. B \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*