



OWENS
COMMUNITY COLLEGE

Authorization to Withhold Directory Information

Toledo-area Campus P.O. Box 10,000 Toledo, Ohio 43699-1947

Phone: 1-800-GO-OWENS, Ext.7378 Fax: (567) 661-2101

In accordance with the provision of the Family Education Rights and Privacy Act (FERPA), Directory Information can be released to the general public; however, students may withhold this information from being released by completing this form and returning it to the Oserve Office. Students have the opportunity to request that the Directory Information NOT be released to non-college personnel. Please note that in compliance with federal regulations there are situations in which specific information may be released, upon presentation of official documents, to designated state, local or government agencies.

WITHHOLD directory information. **I understand this prohibits Owens Community College from acknowledging any information regarding my enrollment, to any third party including employers, insurance companies, loan deferments, and requests from non-institutional persons/organization. I understand that my name and college generated email address may be used and observed by students in any course in which I am enrolled for course participation and attendance verification.** I understand that this request will be in effect until I revoke it in writing. To request that the College withhold the information listed below, except as provided by law, please check the withhold box at the left.

The College has designated the following as “Directory Information”:

- | | |
|---|-----------------------------|
| Student’s Name | Student’s Telephone Number |
| Mailing Address | Major field of study |
| College Email Address | Degree and awards received |
| Dates of Attendance | Expected Date of Graduation |
| Weight and height of members of athletic teams | Student Enrollment Status |
| Participation in officially recognized activities and sports | (full time or part time) |
| High School and hometown of members of athletic teams and specially recognized students | |

REVOKE previous request. (To revoke a previous request, please check the box at the left.)

If you wish to exercise your rights respecting directory information, please complete the information below and return it to the Oserve Office.

Please Print

OCID (Owens College Identification Number) _____

Student’s Last Name _____ First Name _____ Middle Initial _____

Student Address _____

Date _____ Student’s Signature _____

FOR OFFICE USE ONLY:

Date received in Records Office _____ Date entered in to Banner _____ By: _____

Updated 1/12/15

Initials of OCC Employee