



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

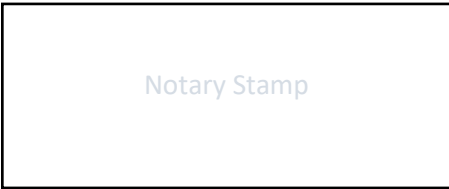
County & State of: _____

Sworn and subscribed to me this _____ day of _____

My commission expires: _____

Notary Signature: _____

Print Name: _____



PPCC official signature: _____ **Date:** _____