



REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Return completed form to:
ANGELINA COLLEGE OFFICE OF THE REGISTRAR
PO Box 1768, Lufkin, TX 75902
Phone: (936) 633-5210 Fax: (936) 633-3206
Email: registrar@angelina.edu

In accordance with FERPA, as amended, information classified as Directory Information may be released to the general public without consent of the student. Angelina College may at its discretion, release Directory Information which shall include:

- Name, address, telephone number
- Major
- Dates of attendance
- Classification
- Degrees and awards received
- Date of graduation
- Participation in recognized activities and sports
- Photographs

This form should be submitted to the Office of the Registrar. We are not responsible for the release of Directory Information prior to receiving the request in the Office of the Registrar.

Withhold Directory Information

I wish to prevent the disclosure of my Directory Information.

SSN or Student ID: _____ Name: _____

Signature: _____ Date: _____

Release Directory Information

I no longer wish to prevent the disclosure of my Directory Information.

SSN or Student ID: _____ Name: _____

Signature: _____ Date: _____

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For Office Use Only

Processed Date: _____ Office of the Registrar: _____