



Member of



Request for Non-Release of Directory Information

Name: _____
Last First Middle

Student ID: _____

I request that no information concerning me be released to anyone other than those persons defined as school officials (see NSCC Catalog). Filing of this form **will not** cause Nashville State Community College to discontinue verification of enrollment to lending agencies.

Nashville State Community College assumes no liability for honoring your instructions to release no information. Please allow one week for processing of this form.

I understand this request is valid until:

_____ The end of the current term

_____ Until I graduate or cease enrollment. If I re-enroll at NSCC and want to restrict access to directory information at that time, I will complete another Request for Non-Release of Directory Information Form.

_____ Indefinitely. I will notify the records Office when I want to resume the release of directory information.

*****Your name will be printed in all graduation-related materials unless you notify the Records Office specifically not to print your name.**

Student Signature: _____ Date: _____

Records Office Use Only

Entered: _____ Date: _____
Records Staff Signature

Removed: _____ Date: _____
Records Staff Signature