REQUEST FOR NON-DISCLOSURE OF INFORMATION

_____

Last Name First Name Middle

_____

Student ID/EMPLID Number

I, request that my directory information, as defined by the following categories, not be released by Blue Ridge Community College:

1. Student's Name
2. Address
3. Telephone listing
4. Date and place of birth
5. Major field(s) of study
6. Degrees, awards, and honors
7. Date(s) of attendance
8. The most recent previous education agency or institution attended by student

This request will remain in effect permanently at Blue Ridge Community College or until I revoke this documentation with a signed statement.

_____ _____

Signature Date

_____ _____

Student Services Witness Date

This form **MUST** be submitted in person to the Admissions and Records Office at BRCC for processing and a photo ID **MUST** be presented when the request is submitted.

NOTE: In the event you are unable to have a Student Services Staff member witness your signature in person, then you must acknowledge your signature before a Notary Public and the Notary Public must complete the acknowledgement portion below.

COMMONWEALTH OF VIRGINIA

City/County of_____ To wit_____

The foregoing permission form was acknowledged before me on_____(date) by_____ (name of student).

My commission expires: _____

Notary Public: _____

ID Number: _____