# Request for Nondisclosure Form

ALAMO COLLEGES
NORTHWEST VISTA COLLEGE

The Family Education Rights and Privacy Act (FERPA) permits release of Directory Information without a student's consent unless a student makes a written request to withhold the information. A Request for Nondisclosure Form must be submitted to the Registrar's office with valid photo student identification or driver's license by the twelfth (12) class day of a Fall or Spring semester, or the fourth (4) class day of a Summer term or a student's Directory Information is public. The Request for Nondisclosure is effective for the academic year in which it is submitted. It is the student's responsibility to renew the request each academic year. Students who elect nondisclosure must request their information in person using a valid photo student ID or driver's license.

First Name: _____ Last Name: _____ Banner #_____

Date of Birth: _____ Student Email:_____@student.alamo.edu
MM/DD/YY

Phone Number: _(_____)_____

I request that my Directory Information not be released except by my written consent and understand this request must be renewed each academic year.

Signature: _____ Date:_____
MM/DD/YY

Received Date: _____ Initials:_____

# Request for Nondisclosure Form

ALAMO COLLEGES
NORTHWEST VISTA COLLEGE

The Family Education Rights and Privacy Act (FERPA) permits release of Directory Information without a student's consent unless a student makes a written request to withhold the information. A Request for Nondisclosure Form must be submitted to the Registrar's office with valid photo student identification or driver's license by the twelfth (12) class day of a Fall or Spring semester, or the fourth (4) class day of a Summer term or a student's Directory Information is public. The Request for Nondisclosure is effective for the academic year in which it is submitted. It is the student's responsibility to renew the request each academic year. Students who elect nondisclosure must request their information in person using a valid photo student ID or driver's license.

First Name: _____ Last Name: _____ Banner #_____

Date of Birth: _____ Student Email:_____@student.alamo.edu
MM/DD/YY

Phone Number: _(_____)_____

I request that my Directory Information not be released except by my written consent and understand this request must be renewed each academic year.

Signature: _____ Date:_____
MM/DD/YY

Received Date: _____ Initials:_____