

## Records and Registration



## Non-Disclosure of Public Information Form

Brainerd Campus  
Records and Registration  
501 West College Drive  
Brainerd, MN 56401-3900  
1-800-933-0346 or 218-855-8031  
FAX # 218-855-8269

Staples Campus  
Records and Registration  
1830 Airport Road  
Staples, MN 56479-0099  
1-800-247-6836 or 218-894-5126  
FAX # 218-894-5185

### Directory Information

Central Lakes College has designated the following information as directory information. Directory information is public data unless you request any of this data to be treated private. Please check the appropriate item below if you do NOT want the following information released.

\_\_\_ **1 Personal**

- Student's name, address (local or permanent), telephone number, email address, hometown

\_\_\_ **2 Academic**

- Date of graduation, major field of study, enrollment status (i.e., enrolled, withdrew, full-time or part-time), degrees, honors and awards received, dates of attendance, participation in officially recognized activities and sports, height and weight of athletes, photograph (stills or motion)

\_\_\_ **3 Release NO Information**

### Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or organizations will be refused without your written authorization, **except where required by law**. For example, the college would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, apartment leases, etc. unless the request is accompanied by your signed, dated release. Central Lakes College cannot assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld. Your request to withhold your directory information will remain in effect until you inform us in writing to rescind it.

### Withhold Directory Information

I wish to prevent the disclosure of my directory information and understand the implications of doing so, as described above.

Signature: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

From the date this form is received in the Records and Registration Department, we will honor your request to withhold your directory information until you request in writing that you wish to remove the **withhold directory information** designation.

### Release Directory Information

I no longer wish to prevent the disclosure of my directory information.

Signature: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

From the date this form is received in the Records and Registration Department, we will honor your request to release your directory information.

**Return this completed form to Records and Registration**

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.