

Student Services



Non-Disclosure of Public Information

Brainerd Campus
501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8031
Fax: 218-855-8269

Staples Campus
1830 Airport Road
Staples, MN 56479-3252
1-800-247-6836 or
218-894-5100
Fax: 218-855-8269

Last Name: _____ First: _____ Middle: _____

SSN or Tech ID: _____ Date of Birth: _____

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: _____ 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: _____ Date: _____

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