



Authorization to Withhold Directory Information

Owens Community College
PO Box 10,000 Toledo, OH 43699-1947
Phone (567) 661-2387 Fax (567) 661-2101

In accordance with the provision of the Family Education Rights and Privacy Act (FERPA), Directory Information can be released to the general public; however, students have the opportunity to request that the Directory Information NOT be released to non-college personnel. Students may withhold this information from being released by completing this form and returning it to the Student Financial Services Office. Please note that in compliance with federal regulations there are situations in which specific information may be released, upon presentation of official documents, to designated state, local, or government agencies.

The College has designated the following as Directory Information:

- | | |
|---|--|
| Student's Name | Student's Telephone Number |
| Student's Mailing Address | Major Field of Study |
| College Email Address | Degrees and Awards Received |
| Dates of Attendance | Expected Date of Graduation |
| Weight & Height of Members of Athletic Teams | Student Enrollment Status (full time or part time) |
| Participation in Officially Recognized Activities & Sports | |
| High School and Hometown of Members of Athletic Teams and Specially Recognized Students | |

I understand this prohibits Owens Community College from acknowledging any information regarding my enrollment, to any third party including employers, insurance companies, loan deferments, and requests from non-institutional persons/organizations. I understand that my name and college generated email address may be used and observed by students in any course in which I am enrolled for course participation and attendance verification.

I understand that this request will be in effect until I revoke it in writing. To request that the College withhold the information listed above, except as provided by law, please check the withhold box below.

WITHHOLD directory information.

REVOKE previous request. To revoke a previous request to withhold please check the box to the left.

Please complete the information below and return to the Student Financial Services Office.

Please Print

OCID (Owens College ID Number) _____

Last Name _____

First Name _____

Address _____

Student's Signature _____

Date _____

Office Use Only: Date Processed: _____	By: _____	Revised 7/2021
--	-----------	----------------