



LaGuardia Community College

31-10 Thomson Avenue • Long Island City, New York 11101 • Voice: (718) 482-5242

NON-DISCLOSURE OF DIRECTORY INFORMATION

Pursuant to federal law, LaGuardia Community College of The City University of New York authorizes the release of certain information concerning students to the public upon request. This information, which is known as "Directory Information" consists of the following categories of information:

- Name
- Home address
- Telephone number
- Date of birth
- Date of attendance (not daily records)
- Major field of study
- Level of education (e.g. sophomore)
- Degree(s) received, if any
- Honors and awards received

I hereby request that my Directory Information not be released without my expressed written consent, except as required by law and written policies of the Board of Trustees of The City University of New York.

Name: _____ Student ID Number: _____ - _____ - _____
(Print)

Signature: _____ Date: _____

Home Address: _____

Telephone Number: (_____) _____ - _____

Checking this box and signing below above indicates that I want my prior instructions not to release directory information **WITHDRAWN**. I now authorize the College to release all of my directory information to parties with a legitimate interest.

Date: _____ Signature: _____

Return this completed form to the Enrollment Services Center in C-107

Version: 5/16/2007

