

Registrar's Office
P: 603-230-4014
F: 603-230-9314
NHTIRegistrar@ccsnh.edu

Nondisclosure of Directory Information Form

Name _____ NHTI ID # _____

The items listed below are designated as "Directory Information" under the Family Educational Rights and Privacy Act (FERPA):

- Student name, address, telephone number, and email address (CCSNH only)
- Major field of study
- Enrollment status (full-time/part-time)
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Degrees, awards, and honors received
- Most recent educational institution attended

Under the provision of FERPA (Buckley Amendment) students have the right to request that directory information be withheld from disclosure. Your signature below directs NHTI – Concord's Community College not to release this information. Any future requests for such information from non-institutional individuals or organizations will be refused.

Please consider carefully the consequences of any decision to withhold such directory information. This means your name will be withheld from honors lists, the Commencement Program, and the like. Information concerning your attendance or graduation status will not be released to prospective employers.

This authorization will be in effect until a written request to rescind is received by the Registrar's Office.

I request that NHTI – Concord's Community College not release any directory information from my academic records. By signing below, I have read and agree with the above paragraphs and understand the consequences of my action.

Student signature _____ Date _____

Office Use Only

Date entered _____
Entered by _____

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