HILL COLLEGE

REQUEST TO WITHHOLD/RELEASE DISCLOSURE OF DIRECTORY INFORMATION
Student Information Services
112 Lamar Drive, Hillsboro, TX 76645
254-659-7600 ✦ Fax 254-582-7591
2112 Mayfield Parkway, Cleburne, TX 76033
817-760-5601 ✦ Fax 817-556-2142
enrollmentinfo@hillcollege.edu

Family Educational Rights and Privacy Act of 1974, as Amended (FERPA). In compliance with the Family Educational Rights and Privacy Act 1974, as amended, information classified as "directory information" may be disclosed to the general public without prior written consent from a student unless the Hill College Student Information Services is notified in writing by the student before the census date in the term.

Your request may be accepted after these deadlines, but Hill College will not be responsible for the release of Directory Information prior to receiving the **Request to Withhold Directory Information** in Student Information Services. It is important that you understand the ramifications of requesting that Directory Information be withheld. Any future requests for such information from non-institutional persons or organizations will be refused. For example, Hill College will not be able to verify a degree earned or your enrollment for possible employment, insurance purposes without a signed and dated release of information accompanying the request. If you graduate, the withhold directory flag will remain on your records after graduation.

This statement of nondisclosure will remain on your records unless you cancel your request to withhold directory information. Should you request directory information withheld, you may at any time rescind the release of directory or non-directory information.

Directory Information
Hill College designates the following as Directory Information:

- Name
- Address
- Telephone listing
- Classification
- Field of study (major)
- Dates of attendance and enrollment verification
- Degrees, date awarded, honors/designations
- Most recent previous institution attended

Please complete the following information.

Withhold Directory Information	Release Directory Information
☐ I want **Directory Information** to be *withheld*. (**Directory Information** includes all items listed above.) I wish to prevent the disclosure of my **Directory information** and understand the ramifications of doing so.	☐ I want **Directory Information** to be *released*. (**Directory Information** includes all items listed above.) I no longer wish to prevent the disclosure of my **Directory Information** and release Hill College from any responsibility to withhold open **Directory Information** from the date this is received in the Office of Student Information Services.
Name:_____ **HC ID #:**_____ **Signature:** _____ **Date:** _____	**Name:**_____ **HC ID #:** _____ **Signature:** _____ **Date:** _____

Your request to Release Directory Information will become effective on the date received in the Office of Student Information Services.

I hereby give permission for Hill College personnel to provide information concerning all aspects of my academic record as well as business office payment information to the person(s) identified below—either orally, in writing, or in person. (This waiver allows us to communicate to a parent or guardian.)

PERSON(S) TO WHOM INFORMATION MAY BE RELEASED:

Printed Name:_____ **Relationship to Student:**_____

Telephone:_____ **Email Address:**_____

Student's Signature:_____ **Date:** _____

This waiver will be in effect until rescinded in writing by the student.