



WYTHEVILLE COMMUNITY COLLEGE

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REQUEST TO PREVENT DISCLOSURE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy and confidentiality of student records. While FERPA prohibits educational institutions from releasing non-directory information from a student’s record without written consent, FERPA authorizes the release of directory information without a student’s consent. Additionally, the Solomon Amendment is a federal law that obligates colleges to share information with military recruiters such as name, address and telephone numbers of students age 17 and older, which may or may not match WCC’s FERPA directory information.

In accordance with FERPA, WCC defines Directory Information as:

1. Student’s name
2. Participation in officially recognized activities and sports
3. Weight and height of members of athletic teams
4. Degrees, honors, and awards received
5. Major field of study
6. Dates of attendance
7. Grade level
8. The name of the most recent previous educational agency or institution attended
9. Number of credit hours enrolled
10. Photos

Currently enrolled students may withhold disclosure of personal information through this written request. This does not prevent disclosure to WCC personnel with a legitimate educational interest or in response to a lawfully issued subpoena.

This form will serve as request to prevent disclosure of student information and will be honored by the institution for only one academic year; therefore, authorization to withhold directory information must be filed annually in the Admissions and Records Office. This form must be submitted to the Admissions and Records office in person with a photo ID. Only an original signature will be accepted. If you are out of the area, your notarized signature is required.

My signature serves as a written request that no "directory" information as determined by FERPA or the Solomon Amendment will be released from my academic record unless I present a request in-person with proper identification.

Name: _____ Student ID Number: _____

Signature: _____ Date: _____

I wish to revoke the previous request on record with the Admissions and Records Office to withhold information.

Signature: _____ Date: _____