



Request to Suppress Public Information

Student ID Number: _____ Today's Date: _____
Current Legal Name: _____ Date of Birth: _____

At Jefferson Community College the following information about a student can, by law as provided for the under the Family Education Rights and Privacy Act of 1974, be released to the general public and may be listed in a campus directory:

1. Students' name
2. Parents' name
3. Addresses
4. Date and place of birth
5. Telephone number
6. Dates of enrollment
7. Degree(s) and honors earned
8. Major field(s) of study
9. Previous educational agency or institution attended
10. Participation in officially recognized activities and athletics
11. Weight and height of athletic team members
12. Election district

No other student information is released to non-college personnel without your written permission. By completing this form, you will be requesting that information **NOT** be released to non-college personnel or listed in the campus directory.

Once you have designated a confidential classification, it will **NOT** be removed until you submit a signed authorization requesting that it be removed.

Date: _____ Student Signature: _____

**Return the completed Form to: Student Records located in Enrollment Services,
Building 6 or email studentrecords@sunyjefferson.edu.**