

Registrar's Office P: 603-230-4014

Name

F: 603-230-9314 NHTIRegistrar@ccsnh.edu

## **Nondisclosure of Directory Information Form**

Name	NHTI ID #
	rmation" under the Family Educational Rights and Privacy Act (FERPA):
<ul> <li>Student name, address, telephone number, and</li> <li>Major field of study</li> </ul>	email address (CCSNH only)
<ul><li>Major field of study</li><li>Enrollment status (full-time/part-time)</li></ul>	
Participation in officially recognized activities a	and sports
Weight and height of members of athletic team	ns
Dates of attendance	
Degrees, awards, and honors received	
Most recent educational institution attended	
	tudents have the right to request that directory information be withheld from rd's Community College not to release this information. Any future requests for organizations will be refused.
	on to withhold such directory information. This means your name will be m, and the like. Information concerning your attendance or graduation status
This authorization will be in effect until a written reques	st to rescind is received by the Registrar's Office.
I request that NHTI – Concord's Community College not relea and agree with the above paragraphs and understand the cons	ise any directory information from my academic records. By signing below, I have read sequences of my action.
Student signature	Date
	Office Use Only
	Date entered
	Entered by