



FERPA PRIVACY REQUEST FORM

As stated in the college catalog, and in accordance with The Family Educational Rights and Privacy Act of 1974, any student objecting to the release of personal 'directory information' must notify the admissions office in writing as soon as possible during each term of enrollment with the institution. By completing and submitting this form you will meet that requirement and 'directory information' will not be released to any other party not representing or in partnership with LSCS without your specific written consent. By submitting this form you are placing a total block on the release of: your name, address, telephone listing(s), date of birth, place of birth, major field(s) of study, participation in officially recognized activities and sports, semesters/hours enrolled, degrees, certificates and awards received, as well as the most recent previous educational agency or institution that you have attended.

Privacy request is for the following academic term (choose only one):

Spring _____ Summer _____ Fall _____
(Year) (Year) (Year)

Print your name:

_____ Last Name _____ First Name _____ MI _____

LSCS Student ID#: _____

Signature _____ Date _____
mm/dd/year

NOTE: This form should be submitted before the official day of record during each term for the hold to remain in effect. Students with extenuating circumstances may request a privacy hold after the official day of record with the approval of the college designee responsible for processing the form at their particular location.