



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Request for Restricting the Release for Directory Information

Gwinnett Technical College – Registrar's Office

Phone: 678-226-6621 / RegistrarsOffice@gwinnettech.edu

The Technical College System of Georgia and its technical colleges define "directory information" as follows: full name of student, City of residence, County of residence, major and field(s) of study, degrees and awards including nature and date received, dates of attendance, school or division of enrollment, enrollment status (i.e., full or part-time, undergraduate, graduate), name of institution last attended, participation in activities, and photograph(s). No information (excluding directory information) will be released to a third party without the written consent of the individual or as directed by law. Additionally, certain state and federal laws require the release of certain student information without prior notification to the student.

The Technical College System of Georgia and its technical colleges define "non-public directory information" as follows: Address, Email address, Telephone Number. Non-public directory information is not available to the public, but is available to any college official. If the student has indicated to restrict their data, then college officials can only access the information when it is needed for educational purposes.

Students are advised that no education records will be released to anyone (except certain organizations stipulated by FERPA regulation) without the written consent of the student. This includes current or future employers, all types of media and any non-institutional persons or organizations.

To suppress the release of directory information, this form must be completed.

Please consider very carefully the consequences of any decision to have your "Directory Information" withheld.

Please indicate with a checkmark your understanding of the following statements:

_____ I understand it may take at least one-week from the date of receipt for all the offices listed below to process this non-release request.

_____ I understand that this does not prevent disclosure to GTC personnel who have a need to know consistent with their official duties for the College or to persons outside the college if such outside disclosure:

(1) Is permitted by me in writing (2) Is in connection with my application for or receipt of financial aid (3) Is in connection with my application to or my previous enrollment in another school (4) Is pursuant to a lawfully issued subpoena or court order (5) Is required by a health or safety emergency (6) Is otherwise required or permitted by law

_____ I understand the only exception to this policy is the assumption that I will want my name to appear in the Commencement program at the appropriate time. All education records other than directory information are automatically restricted and will not be released without my written consent.

I understand that my information will be restricted until this office is notified in writing. The College assumes no liability for honoring your request to withhold this information.

Student Name: _____ Student ID or SS #: _____

Date: _____