



Office of the Registrar Privacy Request

(Please Print)

Last Name _____ First Name _____ Middle Name _____

BC Student ID Number _____

1. Privacy Indicator for Directory Information

In accordance with the Family Educational Rights and Privacy Act (FERPA), items designated to be "Directory Information" may be disclosed without prior written consent, unless the student has submitted a written request not to release his/her directory information. Directory Information includes: name, address, telephone number, e-mail address, photograph, date of birth, place of birth, major field of study, participation in sports and activities, weight and height of members of athletic teams, dates of attendance, enrollment status, degrees, honors and awards, most recent educational agency or institution attended. This information may be released in news releases in area or home newspapers, or on radio/TV broadcasts, in publications, on the web-site, in campus programs, etc. Check below if you do **not** want your Directory Information released.

Do not release any Directory Information about me.

- All changes will go into effect within one business day after receipt by the Office of the Registrar.
- This privacy request MIGHT PREVENT my name from appearing in external honors, awards, commencement programs, news releases, etc.
- This privacy request WILL NOT prevent the Office of the Registrar from releasing information to my parents if they provide evidence that I am their dependent.
- This privacy request WILL NOT prevent internal offices and/or agents of Brevard College from obtaining the above information.
- This privacy request WILL NOT prevent the Office of the Registrar from releasing information to authorized financial aid agencies as permitted by the Federal Family Educational Rights and Privacy Act of 1974.

2. Address Protection Indicator

Do not change my permanent address, parent/guardian address, or off-campus local address **without** my written permission,.

3. Remove Privacy Indicator or Address Protection Indicator.

Check appropriate option(s) to cancel previous request(s).

Release any Directory Information as allowed by the Family Educational Rights and Privacy Act of 1974 and BC policy.

Allow my permanent address, parent/guardian address, or off-campus local address to be changed without my written permission.

Student's Signature: _____ Date: _____

NOTE: This information will remain in effect until student rescinds it, in writing

Processed by: _____ Date: _____