

Northwest Technical College  
Records & Registration  
905 Grant Avenue SE  
Bemidji, MN 56601  
218/333-6600 Fax: 218/333-6697  
[records@ntcmn.edu](mailto:records@ntcmn.edu)

# Request to Withhold Directory Information

Student Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
(Month/Day/Year)

Student ID Number: \_\_\_\_\_

**You have certain rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) concerning your school records. This law permits the university to release “directory” information about students.**

The following information designated as "Directory" Information at Northwest Technical College will be available to inquiries.

- student's name
- institutionally defined e-mail address
- student enrollment status
  - enrolled
  - graduated
  - withdrawn
  - part-time
  - full-time
- program major
- dates of attendance
- student honors and awards

The following information designated as “Limited Directory” Information at Northwest Technical College will be available to the NTC Foundation and/or external parties contractually affiliated with the university.

- e-mail address (personal, work, etc.)
- address
- phone number
- Star ID

**Please read the following and consider very carefully the consequences of any decision to withhold “directory” and “limited directory” information.**

Should you inform the college **not** to release “directory” and “limited directory” information, all future requests for such information from non-institutional persons or organizations will be refused. Examples of such requests that would not be released include, but are not limited to, enrollment verification for insurance, employers request for verification of enrollment/degree, licensing or registry forms.

The college will honor your request to withhold information until you notify Records in writing that you wish to remove the disclosure restriction.

\_\_\_\_\_ **I hereby request Northwest Technical College to withhold all directory information.**  
**OR**  
\_\_\_\_\_ **I wish to revoke my request.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Return this completed form to the Records Office located in the One Stop Area.**