Authorization to Prevent Disclosure of Directory Information

RETURN THIS FORM IN PERSON WITH PHOTO ID TO:
Welcome and One Stop Center – B114
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • Email: registrar@clcillinois.edu

Forms may be faxed or mailed in, but a copy of the student’s photo ID with signature must be included for identity verification. If there is any question about identity the student may be asked to provide identification in person.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 as amended, I,

Name:_________________________________________________ CLC ID#_____________________
Phone: (_________)__________________ Student Email: ________________________________

hereby authorize the college to withhold the disclosure of the information listed below:

Name, address, email, student username, telephone number, major field of study, participation in recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards achieved, and most previous education agency or institution attended.

I fully understand that the college does not assume any responsibility for contacting me for subsequent release of this information and, regardless of the effect upon me, the college assumes no liability for honoring my instructions.

_________________________________________________________________
_________________________________________________________________
(Student Signature) (Date)