



Request to Suppress Directory Information

STUDENT Section:

Directory Information is defined as information in an education record that would not be considered harmful or an invasion of privacy if disclosed. This information may be shared by the College unless a student takes official action to prevent its release. Cabarrus College of Health Sciences designates the following information as Directory Information:

- Name
- Address (excludes e-mail)
- Phone Number
- Program of Study
- Participation in officially recognized activities
- Most recent educational institution attended
- Dates of Attendance
- Degrees and Awards received (including dates)
- Enrollment Status (full/part-time)
- Class Level
- Date of Birth

Please read the statement below and acknowledge your agreement by checking the box. Print your name, sign, and date the form. The date you provide will be the date that suppression of your Directory Information goes into effect.

- I hereby request that Cabarrus College of Health Sciences suppress my directory information as defined above. I acknowledge that this request overrides any previous requests I have given to suppress my directory information or any previous permissions I have granted to provide that information. I understand that this suppression will become effective as of the date below and will remain in effect unless I provide the College with written permission indicating otherwise.

Student's Name (Please Print)

Student's Signature

Date

STUDENT RECORDS & INFORMATION MANAGEMENT Section:

- Request to Suppress Directory Information has been noted in SonisWeb.

Director, Student Records & Information Management Signature

Date