

Rev date: 04/2019

Admission and Records Email: welcome@cocc.edu Phone: (541) 383-7500

Fax: (541) 318-3700

2600 NW College Way • Bend, Oregon 97703

Office use only: ID Verification _____

REQUEST FOR NON-DISCLOSURE OF STUDENT INFORMATION

Student Name	COCC ID
Street Address	
City, State, & Zip	
Current Phone	
includes name, mailing an	ws the release of certain information on students, called "directory information." This d email address, telephone number, enrollment status, major, degrees and honors lance and most recent previous school attendance. The policy is described in detail in CC's website.
directory information not	ting this form to COCC's Admissions and Records office you are requesting that such be released to anyone, including announcements to newspapers of graduation or g in commencement program and no loan/credit certification.
financial aid, payment or of by you, with picture ID refor registration, payment, enrollment activity). Pleas	prohibits COCC faculty and/or staff from discussing your admissions, registration, other status over the telephone and all business will need to be conducted in person, quired. As a current student, you can still access your online student services account financial aid and related activities (online access expires after one year of no e note that directory information will be used for internal and confidential College and college business related mailings.
	fect until you submit the signed Request to Remove Non-Disclosure Hold on Student vith your Student ID, indicating that directory information may be released.
Student Signature:	Date:
Return this form in-person with photo identification, or a notarized copy via certified mail, to the Admissions and Records office on the Bend, Redmond, Prineville or Madras campuses.	