

MIDDLE GEORGIA COLLEGE RELEASE OF DIRECTORY INFORMATION FORM
(please print)

STUDENT'S NAME _____

MGCID# _____ [MGCID Lookup](#)

Directory information may be disclosed without a student's consent unless the student has advised the Registrar in writing that he/she wishes to restrict access to this information. "*Directory Information*" includes the items listed below:

- Name
- Address
- Telephone Number
- E-mail Address
- Date and Place of Birth
- Major
- Dates of Attendance
- Degrees and Awards Received
- Participation in Officially Recognized Activities and Sports
- Most Recent Previous Educational Agency or Institution Attended by Student

Under the provisions of the Family Education Rights and Privacy Act of 1974, you have the right to withhold the disclosure of the above listed "*Directory Information*". However, please read the following very carefully:

If you decide you do not want Middle Georgia College to release this "*Directory Information*", all future requests for such information from non-institutional persons/organizations will be refused (including emergencies). Middle Georgia College will assume no liability for honoring your request. Please carefully consider the consequences of your decision to withhold "*Directory Information*".

I have read the above and wish for Middle Georgia College to withhold "Directory Information" for me.

STUDENT SIGNATURE _____

DATE _____

This form may be either faxed to (478) 934-3049

or mailed to:

*Middle Georgia College, Office of the Registrar
1100 Second Street, SE, Cochran. GA 31014*