Office of the Registrar

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street, S315
New York, NY 10007-1097
tel. 212 220-1290
fax. 212 220-1254

REQUEST TO PREVENT (OR UNDO) DISCLOSURE OF DIRECTORY INFORMATION

The Family Education Rights and Privacy Act designates certain information related to a student as "Directory Information". This gives the college the right to disclose such information to anyone inquiring without having to ask the student for permission. The categories of "Directory Information" are listed in the catalog under ***Student Record Policy***. If you wish to withhold the disclosure of your "Directory Information", fill out the form below and submit it to the Registrar's Office, Room S-315, registrar@bmcc.cuny.edu.

Please consider very carefully the consequences of any decision made by you to withhold "Directory Information". Should you decide to inform the institution not to release your "Directory Information", any future requests for such information from non-institutional persons or organizations will be refused. The institution will honor your request to withhold "Directory Information", but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

I have carefully read the above information and request that my "Directory Information" not be disclosed by the Borough of Manhattan Community College without my prior written permission.

If you would like to undo the request to prevent disclosure of "Directory Information" in the future, please contact the Registrar's Office, Room S-315 to provide this information:

- ☐ Option 1: Do not mail any information.
- ☐ Option 2: Do not release any information.
- ☐ Option 3: Do not mail or release any information.
- ☐ Option 4: Please undo previous request. Release and mail information.

Name-(Please Print):_____
LAST FIRST

8 digit CUNYfirst ID or 9 digit Social Security Number: _____

Student Signature/Date: _____