



Records and Registration Office

Butler County Community College

107 College Drive

Butler PA 16002

724-284-8510

Fax: 724-287-0092 Email: registration@bc3.edu

Request to Opt Out of Directory Information

At Butler County Community College the following information about the student can, by law, be released to the general public and is considered Directory Information.

Student's name, Address, Telephone listing, Electronic mail address, Photograph, Date of Birth, Place of Birth, Major field of study, Grade level, Enrollment status (e.g. undergraduate or graduate, full-time or part-time), Dates of attendance, Participation in officially recognized activities and sports, Weight and height of member of athletic teams, Degree, honors, and awards received, Most recent educational agency or institution attended.

No other student information is released to non-college personnel without your written permission. By completing this form, you will be requesting that the Directory Information NOT be released to non-college personnel or listed in college directories.

Some of the effects of your decision to request confidential status will be that you must make all address changes with a signed authorization or in person with a form of ID; individuals trying to reach you will not be able to do so through the college; information that you are a student at BC3 will be suppressed, so that in a loan company, perspective employer, family member, etc., inquire about you, they will be informed that we are not permitted to release any Directory Information from your BC3 record.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

STUDENT INFORMATION (PLEASE PRINT)

First Name: _____

Last Name: _____

Student ID: _____

Email: _____

CERTIFICATION

Signing this request to not release Directory Information, I understand that no information will be released to any individual and this confidential classification will not be removed until I submit a signed authorization requesting that it be removed. Signed forms should be submitted to the Office of Records and Registration or any BC3 campus location.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Date Imaged: _____