



MORGAN COMMUNITY COLLEGE

DIRECTORY INFORMATION HOLD

STUDENT IDENTIFICATION

Student ID:

Student Name:

STUDENT CONFIDENTIALITY REQUEST or RELEASE

Beginning (term/year)

I hereby request Morgan Community College to:

WITHHOLD DISCLOSURE OF DIRECTORY INFORMATION as identified in the current college catalog.

RELEASE PREVIOUSLY REQUESTED HOLD of directory information as identified in the current college catalog.

I understand that withholding disclosure of this information will preclude inclusion of my name on any published lists announcing honors or awards, graduation, etc.

I further understand that this request will remain in effect until I submit a written request to change it.

SIGNATURE SECTION

Student Signature:

Date:

RETURN INFORMATION

Morgan Community College
Attn: Registrar
920 Barlow Road, Fort Morgan, CO 80701
Student.Services@MorganCC.edu