

**New York City College of Technology/CUNY  
FERPA Non-Disclosure Form**



The information below may be released upon request for any purpose at the discretion of New York City College of Technology of the City University of New York. Under the provisions of the Family Educational Rights and Privacy Act (FERPA), you have the right to withhold the disclosure of any or all of the information listed below. The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

- Student's name \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone listing \_\_\_\_\_
- Electronic mail address \_\_\_\_\_
- Photograph \_\_\_\_\_
- Degrees, honors, and awards received \_\_\_\_\_
- Date and place of birth \_\_\_\_\_
- Major field of study \_\_\_\_\_
- Dates of attendance \_\_\_\_\_
- Grade Point Average (GPA) \_\_\_\_\_

Please consider carefully the consequences of any decision by you to withhold directory information. If you inform New York City College of Technology, not to release this information, any future requests for such information from non-institutional persons or organizations will be **refused**.

New York City College of Technology will honor your request to withhold any of the categories listed above but cannot assume responsibility to contact you for subsequent permission to release them. Please sign below and return this form to the colleges' Office of the Registrar located in room NG-15 either in person or by mail. If this form is not received prior to the 20<sup>th</sup> day of your first semester attending our college, it will be assumed that the above information may be disclosed.

**Choose one of the following options:**

\_\_\_\_\_ **Please withhold all information.**      \_\_\_\_\_ **Please withhold the categories I have checked.**

**I understand the information will not be released orally or in the form of copies of written records, as preferred by the requester. I understand I may revoke this NON-DISCLOSURE in writing by filing a "consent" form with the Office of the Registrar.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To request withholding of information pursuant to FERPA, please print this form, complete it and return it to: The Office of the Registrar, New York City College of Technology, 300 Jay Street, Namm G-15, Brooklyn, NY 11201.**

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**FOR OFFICE USE ONLY**

SIMS INDICATOR \_\_\_\_\_ INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_