



Request to Add/Remove Confidentiality Block on Educational Records

This form constitutes a formal request to add or remove a confidentiality block on your educational records at Granite State College. Granite State College complies with the federal government’s Family Educational Rights and Privacy Act of 1974. Granite State College does not sell or otherwise provide any information collected in its student information system to any external entity except as expressly allowed by this law. **However, the following data is considered directory information by the College: Name, Address, Telephone, Business Telephone, E-mail Address, Dates of Attendance, Concentration or Major, Degrees and Awards Received, Film, Video, or Electronic Images.**

Under the Family Educational Rights and Privacy Act of 1974, students have the right to withhold disclosure of directory information. Should a student decide to withhold, any requests for such information from non-institutional persons or organizations will be refused, except as allowed by the law. In addition the student’s name will not be published in the College’s official graduation program or other public graduation or honors announcements.

Please complete this form and return to the Registrar’s Office using one of the methods below:

Mail to: Granite State College, Attn: Registrar’s Office, 25 Hall Street, Concord, NH 03301

Fax to: (603) 513-1386

Scan and email to: registrars.office@granite.edu

- I wish to make my educational records at Granite State College confidential.** *I am aware that all directory information will be withheld under all circumstances. By electing this option, I am also giving consent for my name to be withheld from all publications, including the official graduation program and/or other graduation and honors announcements. I understand that the confidentiality block will prevent the release of my personal information to prospective employers calling to verify my attendance at Granite State College.*
- I wish to remove the confidentiality block on my educational records at Granite State College.** *I am aware that I am consenting to the release of my directory information to those with a legitimate educational interest (i.e. prospective employers, other educational institutions, etc.). I understand that it is the College’s practice not to release any information other than directory to non-institutional persons or organizations, except as expressly allowed by the Family Educational Rights and Privacy Act of 1974. I am consenting to have my personal information published in the official graduation program and/or other graduation and honors announcements.*

My signature indicates that I understand the above definition of confidentiality, and hereby request the changes indicated above to be made to my educational record at Granite State College.

Student’s Full Name (please print clearly) _____

Student ID Number (**required**) _____

Signature (**physical signature required; electronic signatures will not be accepted**)

_____ Date _____