

Office of the College Registrar  
**Request to Opt Out of Directory Information**

Northwest Florida State College  
10 College Blvd Niceville, FL 32578  
850-729-4901



---

**Request to Opt Out of Directory Information**

---

\_\_\_\_\_  
LAST NAME (STUDENT)

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
NWFSC STUDENT NO.

\_\_\_\_\_  
SEMESTER

\_\_\_\_\_  
YEAR

At Northwest Florida State College the following information about a student can, by law, be released to the general public and may be listed in the campus directory:

*NWFSC has designated the student's name, address, telephone listing, electronic mail address, major field of study, most recent education agency or institution attended, degrees, honors and awards, height and weight of student athletes and participation in officially recognized activities received as directory information.*

---

No other student information is released with non-NWFSC personnel without your written permission. By completing this form, you will be requesting that information **NOT** be released to non-NWFSC personnel or listed in the campus directory. The College will **not** disclose directory information only, upon request, to other educational colleges and/or universities. student has the right to refuse designation of any or all of this directory information by notifying the Director of Records, in writing within 10 calendar days of the student's initial enrollment before each semester or term.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

July 2013