

Request to Withhold Directory Information

Registration & Records
800 Main Street, Pewaukee, WI 53072
262-691-5280 (Phone)
262-691-5123 (Fax)

Privacy Request Form

WCTC defines the following information as directory information: student's name, address, telephone, e-mail address, date of birth, dates of attendance, grade level, enrollment status (full-time/part-time), degree(s) and date conferred, honors and awards received, major field of study, the most recent educational agency or institution attended, participation in officially recognized activities and sports, height and weight of athletic team members.

The Family Educational Rights and Privacy Act of 1974 designates certain information related to students as Directory Information and gives the College the right to disclose such information to specified institutions and agencies without having to ask students for permissions, unless the students specifically request in writing that all such information not be made public without their written consent. If you wish to withhold the disclosure of all of the items of directory information, please fill out the form below and submit to the Registrar's Office.

Please consider carefully the consequences of any decision made by you to withhold directory information, as any future requests for such information from non-institutional person or organizations such as perspective colleges and employers will be refused. WCTC will honor your request to withhold directory information but cannot assume responsibility to contact you for subsequent permission to release information. To revoke privacy request, student must submit a signed statement to the Registrar's Office.

I have carefully read the above and request that all Directory Information not be disclosed to non-institutional person or organizations by WCTC without my prior written permission.

Student's Name (printed) _____

Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Today's Date _____ Student Signature _____

Return completed form to: WCTC, Registration/Records, 800 Main Street, Pewaukee, WI, 53072 or you may fax the completed form to 262-691-5123.