



**SOUTHWESTERN**<sup>™</sup>  
**ILLINOIS COLLEGE**

**Enrollment Services Office**

2500 Carlyle Avenue • Belleville, IL 62221-5899  
866-942-7942 • (618) 235-2700 • Fax (618) 222-9768

**REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION**

In compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), the following items of student information have been designated directory information and may be released by Southwestern Illinois College officials upon request without prior written consent:

- Name
- Address
- Enrollment status (full-time or part-time)
- Dates of attendance at Southwestern Illinois College
- Awards
- Honors (including honor roll)
- Degree(s) conferred (including dates)
- Past and present sports participation
- Physical factors of athletes (height and weight)
- SWIC student e-mail addresses

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to request that any or all of your directory information not be released to non-institutional persons or organizations. Please consider very carefully the consequences of a decision to withhold directory information. Should you decide that your directory information is not to be released remember that any requests for such information as verification of a degree earned or enrollment for possible employment or insurance purposes will be refused.

Southwestern will honor your request to withhold directory information but cannot assume the responsibility of contacting you for subsequent permission to release it. Regardless of the effect upon you, Southwestern assumes no liability for honoring your instructions that such information be withheld.

**This request must be submitted to the Enrollment Services Office within the first three weeks of a semester. This statement of nondisclosure will remain on your record permanently unless you cancel your request to withhold directory information in writing.**

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby request that my directory information not be released to non-institutional persons or organizations without my written consent.

\_\_\_\_\_  
(Print Your Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

Revised: 10/21/09