Request to Opt Out of Directory Information

**Instructions:** Students may request to have directory information restricted by completing *the Request to Opt out of Directory Information* form. They will need to complete the form in person at any Student Services location or at the Career and Academic Skills Center and present a valid photo ID.

Students may also mail in the request form, but must include a copy of a valid photo ID. It can be mailed to:

Metropolitan Community College

Records Office

PO Box 3777

Omaha NE 68103

Students may request to have the restriction removed by submitting a **signed and dated letter** to the Records office. They must include their student ID, address and phone number.

**MCC Staff**: Submit the form to the Records office at records@mccneb.edu



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**At Metropolitan Community College, the following information about a student may, by law, be released to the general public:**

**\*Name \*MCC email address \*Start and end dates of attendance \*Major Field of Study \*Credit hour status \*Degrees, honors and awards received \*Photographs, Audios and Videos of students participating in official school activities and events**

No other student information is released to non-college personnel without your written permission. By completing this form, you will be requesting that **no** information be released to non-college personnel.

Some of the effects of your decision to request confidential status will be that you must make all address changes in person with a form of photo ID; friends or relatives trying to reach you will not be able to do so through MCC; information that you are a student here will be suppressed, so that if a loan company, perspective employer, family member, etc., inquire about you, they will be informed that we have no record of your attendance here. Your name also will not appear in the graduation program or any other official publication.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |       | MCC ID # |       |
| Please Type Full Name |  |  |
| Address |       |
|  | Street | Apt # |
| Telephone |       |  |       |  |       |
|  | Home | Work | Cell |
|  |
|  |
| Student Signature |  |

Signature of College Staff Receiving Request:

|  |  |  |  |
| --- | --- | --- | --- |
| Type Staff Name: |       | Date: |       |

**MCC Staff will check the student’s photo ID prior to forwarding the completed form to:**

**records@mccneb.edu**