

DES MOINES AREA COMMUNITY COLLEGE

NOTIFICATION OF RETENTION OF DIRECTORY INFORMATION

DMACC considers the information listed below as directory information and, under appropriate circumstances, may release such information without your written consent unless you specify otherwise. Place a check mark before each item listed that you do not wish to have released.

The information listed below, as well as other information contained in your educational records, will be released to employees of DMACC who have a legitimate educational interest, even though you have signed this form.

This "Notification of Retention" will be in effect for one year from the date indicated below. If you wish an extension you may request it from Student Records at that time.

- | | |
|---|---|
| <input type="checkbox"/> 1. Name | <input type="checkbox"/> 7. Degrees and awards received |
| <input type="checkbox"/> 2. Address | <input type="checkbox"/> 8. Previous educational institutions attended by student |
| <input type="checkbox"/> 3. Telephone number | <input type="checkbox"/> 9. Participation in officially recognized activities or sports |
| <input type="checkbox"/> 4. Date and place of birth | <input type="checkbox"/> 10. Weight and height (for athletic teams) |
| <input type="checkbox"/> 5. Major field of study | <input type="checkbox"/> 11. Email address |
| <input type="checkbox"/> 6. Dates of attendance | <input type="checkbox"/> 12. Photograph (DMACC Student ID Card) |

PRINT _____
Last Name First Name Middle Initial

Signature _____

Date _____

Student ID Number _____

Submit this form to Student Records