

Admission and Records Email: welcome@cocc.edu Phone: (541) 383-7500

Fax: (541) 318-3700

2600 NW College Way • Bend, Oregon 97703

REQUEST FOR RELEASE FROM NON-DISCLOSURE ON STUDENT ACCOUNT

Student Name	COCC ID
Street Address	
City, State, & Zip	
Current Phone	
includes name, mailing a	ows the release of certain information on students, called "directory information." This nd email address, telephone number, enrollment status, major, degrees and honors dance and most recent previous school attendance. The policy is described in detail in CC's website.
non-disclosure hold on your released to anyone, inclucommencement program discuss your admissions, verifying your information	ting this form to COCC's Admissions and Records Office you are requesting that the ur student account be removed. This means that your directory information may be ding announcements to newspapers of graduation or honor roll status, listing in and loan/credit certification. Additionally, this request allows COCC staff members to egistration, financial aid, payment or other status over the telephone with you after a Note that directory information will also be used for internal and confidential College and college business related mailings.
This request removes you be released.	previous request for Non-Disclosure and indicates that directory information may now
Student Signature:	Date:
· · · · · · · · · · · · · · · · · · ·	on with photo identification, or a notarized copy via certified mail, to the Admissions cords office on the Bend, Redmond, Prineville or Madras campuses.

Rev date: 4/2019 Office use only: ID Verification _____