



TEXARKANA
COLLEGE

Texarkana College

STUDENT DIRECTORY INFORMATION RESTRICTIONS REQUEST FORM

Instructions:

- (1) Please read this form.
- (2) Complete all applicable sections.
- (3) Submit the completed form to the Registrar in the Registration and Records Office, Schofield 128.

Section 1: Student Identification

Name: _____ TC Number _____ Birthdate: _____

Former Name(s) if applicable: _____ Dates of Attendance: _____

Phone Number: _____ Student Email Address: _____

Mailing Address: _____

- Phone Numbers Only Hold:** Defined as: restriction on release of all phone numbers.
- Address Only Hold:** Defined as: where the student physically resides.
- Academic and Biographical Information Hold – Please note that selecting this hold type will result in the University not being able to verify enrollment/graduation data to prospective employers and/or newspapers.**

Defined as:

- News Release
- All academic information
- All enrollment data
- All name/address/phone data

Please read the following information and fill-in/sign below:

I understand that **this will restrict the release** of this information to the public **until I cancel** the restriction in writing. Upon graduation this restriction will continue to remain on my records. Persons authorized by the Family Educational Rights and Privacy Act (i.e. those with legitimate educational interest) will continue to receive this information.

Student Signature

Date

Office Use Only – Restriction Processed: _____ Initials _____ Date _____