

# MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228  
210-736-2963 (fax) | 210-732-2156 (phone) | [registrar@maccsa.org](mailto:registrar@maccsa.org)

## Request to Withhold the Directory Information

**Instructions:** Students have the right to request that MACC withhold the disclosure of directory information. The items listed within Section B are designated as MACC's directory information; therefore, students who wish to withhold the disclosure of the information must submit this form, which should be completed as directed within each section.

### A. Student Data

\_\_\_\_\_ student

\_\_\_\_\_ id number

### B. Directory Information

Check blank 1 and/or 2 or circle the field you wish to withhold. If you do not wish to withhold any information, check blank 3.

\_\_\_\_\_ 1.) Do not disclose any of the **personal information** (6 fields) as noted below.

Name(s)

Date of Birth

Address(es)

Email Address(es)

Phone Number(s)

ID Photo(s)

\_\_\_\_\_ 2.) Do not disclose any of the **academic information** (7 fields) as noted below.

Most Recent Transfer Institution

Enrollment Status

Major/Minor Area(s) of Study

Date(s) of Attendance

Classification

Degree(s)

Class Standing

\_\_\_\_\_ 3.) I waive my right to withhold the disclosure of directory information and have not checked or circled any of the items listed above.

### D. Acknowledgement and Request

By signing below I acknowledge that I have read and understood MACC's Family Educational Rights Privacy Act (FERPA) notice as included within the Academic Catalog. I also understand that this request is effective until I revoke it by submitting an updated Request to Withhold Directory Information form, which I should submit directly to MACC's Registrar's Office.

\_\_\_\_\_ student's signature

\_\_\_\_\_ date