



MADISON COLLEGE

Request to Revoke Withholding of Student Information

The [Family Education Rights and Privacy Act \(FERPA\)](#) (20 U.S.C. § 1232g; 34 CFR Part 99) designates certain information related to students as directory information and gives Madison College the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that all such information not be made public unless specified by the student's written consent.

The categories of directory information are listed below. To revoke the withholding of all directory information items, students have two options: Students can self-service online by logging in to the [myMadisonCollege](#) Student Center or they can complete this form and submit to the Enrollment Center in person with photo ID. Once received, all directory information will be released until such time that the student requests, either via self-service or in writing, that the Enrollment Center withhold the information. Such request may be made online in the myMadisonCollege Student Center or by using the Request to Withhold Student Information form and submitting it in person with photo ID.

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip Code _____
Student ID _____ Telephone _____

The following items are considered directory information and will be released upon submission of this form, if requested:

- Name
- Major field of study (program)
- Degrees and awards received
- Participation in official recognized activities and sports
- Dates of attendance (term start and end dates)
- Enrollment status (Full, three-quarters, half, or less than half time)
- Weight and height of members of athletic teams
- Madison College Email address

In order for directory information to be included in the commencement program upon graduation, this request must be submitted three weeks in advance of the graduation ceremony to allow time for processing.

By signing below, I request to revoke my previous request to have directory information withheld. I have carefully read the above and understand that all directory information may be disclosed to third parties without my written permission or as permitted by law.

Student Signature _____ Date _____

Please sign and submit completed request in-person with photo ID to the Truax Enrollment Center - Room A1000, Downtown Enrollment Information Center - Room D117, or any Regional or Metro Campus Office.

Please allow up to 5 business days to process a Request to Revoke Withholding of Student Information. Requests are reviewed in the order they are received.

Questions? For assistance with this form submit a question on [askMadisonCollege](#), phone (608) 246-6210 or visit the Enrollment Center in person at Room A1000, Truax.

Regional & Metro Campus Staff - Date stamp at intake. After processing, scan and email to intake@madisoncollege.edu.

Administrative Use Only: Student's Photo ID was verified

Staff Name _____ Staff Title _____ Date Processed _____