

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 five years from the date indicated below. If you wish an extension you may request it from the Registration Department at that time.

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

PRINT \_\_\_\_\_  
Last Name First Name Middle Initial

Signature \_\_\_\_\_

Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

Submit this form to the Registration Department