



**OFFICE OF THE REGISTRAR**

50 Oakland Street, Wellesley Hills, MA 02481  
19 Flagg Drive, Framingham, MA 01702

Phone (781) 239-2550  
Phone (508) 270-4050

E-mail: [registrar@massbay.edu](mailto:registrar@massbay.edu)

[www.massbay.edu/registrar](http://www.massbay.edu/registrar)

TTY (781) 239-2513

**RESTRICTION OF STUDENT DIRECTORY INFORMATION**

Students have the right to consent to or deny disclosure of personally identifiable information contained in the student education records, except to the extent that Family Education Rights and Privacy Act of 1974 (FERPA) authorized disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with a legitimate education interest. Further, upon request, the College discloses education records without consent to an official of another school in which a student seeks or intends to enroll at.

Massachusetts Bay Community College has designated the following student information as "Directory Information" and as such may be released without your written consent at the discretion of the College. Under The provisions of FERPA, as amended, you have the right to withhold the disclosure of all of the following designated information:

Student's name, mailing and permanent address, college email address, phone number, date of birth, enrollment status, program of study, semesters of attendance, photograph, date of or expected graduation, honors, degrees or certificate awarded, awards including Dean's list.

The College will honor your request to withhold all of the items listed above but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the College assumes no liability for honoring your instructions that such information be withheld.

**I have read the above and request that my personal directory information given to Massachusetts Bay Community College:**

\_\_\_\_\_ **NOT** be released to a third party unless I have given a written and signed release

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

ID Number \_\_\_\_\_ MassBay Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY	
Date received in office:	_____
Date recorded in system:	_____
Received by:	_____
Processed by:	_____

**NOTE: Student must submit this form to [Registrar@massbay.edu](mailto:Registrar@massbay.edu) from the student's MassBay email address only.**