



Directory Release

Name _____ ID # _____ Semester/Year _____

Major: Art Dance Design Music Performance Production Theater

Current Local Address (*LHP):

Street _____

City, Street, Zip _____

Telephone _____

Email Address (*EML):

Permanent Address (PLCL):

Contact Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

Parent / Guardian Address (PGDN):

Contact Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

Emergency Address (PEMG):

Contact Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

DIRECTORY INFORMATION RELEASE

Cornish College of the Arts releases student information designated as Directory Information to 3rd party inquiry and keeps all other information confidential.

Directory Information includes the following:

Name, **Phone Number, Major,** Photographs, Degrees, Awards, Dates of Attendance

You may request that your Directory Information remain confidential.

If you request confidentiality, your name and information will not be released to 3rd party inquiry nor be included in any college publications (programs, catalogs, brochures, etc.). Moreover, the College will exclude your information from biannual reports to military recruiters as sanctioned by the Solomon Amendment.

Your information will only be released to educational personnel who might require such information for college business and to external 3rd parties as specifically requested by you.

PLEASE SIGN AND DATE BELOW TO SPECIFY YOUR PREFERENCE:

Please keep CONFIDENTIAL Okay to RELEASE

Sign _____

Date _____

Office Use Only Initial/Date _____

Confidentiality requested? Yes No
Jenzabar? Yes No