ADAMS STATE COLLEGE
ALAMOSA, COLORADO

FAMILY RIGHTS & PRIVACY ACT OF 1974 (BUCKLEY AMENDMENT)

RESTRICTION OF RELEASE OF DIRECTORY INFORMATION

NAME: _____
Last First Middle

STUDENT ID #: _____ DATE: _____

I, the undersigned, hereby request the Records Office of Adams State College to restrict the release of Directory Information contained in my file at Adams State College.

I understand that none of my Directory Information will be released unless I, the undersigned, should subsequently provide notarized consent to release this Directory Information. The restriction remains in affect until graduation or until a counter request is received.

_____ _____
Student Signature (To be signed in the presence of a Notary Public) Date

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State of _____)
)
County of_____)

Sworn to and subscribed before me this

_____day of _____20____ _____
Signature of Notary Public

My Commission Expires: _____ SEAL