



enrollment@mtech.edu

AUTHORIZATION TO RESTRICT DIRECTORY INFORMATION

Name: _____ Student ID: _____

Local Address: _____ Local Phone #: _____

By my signature below, I hereby revoke my restriction to release directory information.

Directory Information as Defined by Montana Tech:

- Student's name
- Dates of attendance
- Degrees and awards received
- Student hometown
- Major and minor field(s) of studies
- Grade level
- Enrollment status (Undergraduate or Graduate, full time or part time)
- Participation in official recognized activities and sports
- Most recent previous educational agency or institution attended by the student
- Weight and height, if student is a member of an intercollegiate athletic team

By signing below, I acknowledge that Montana Tech will not release my directory information if contacted.

Student Signature: _____ Date: _____

Office Use Only:

Confidential Box checked in SPAIDEN _____ Processed by: _____ Date: _____