



***Authorization to Prevent Disclosure of Directory Information***

**RETURN THIS FORM TO:  
Office of Admissions and Records  
19351 West Washington Street • Grayslake • Illinois • 60030-1198  
Or fax it to: (847) 543-3061**

Under the provisions of the Family Educational Rights and Privacy Act of 1974 as amended, I,

\_\_\_\_\_ (name)

\_\_\_\_\_ (CLC student ID number)

\_\_\_\_\_ (contact phone number)

hereby authorize the college to withhold the disclosure of the information listed below:

My name, address, telephone number, email address, date of birth, intended certificate or degree objective, dates of attendance, degrees and awards received (including dates), the most recent previous school or college attended, participation in officially recognized activities and sports, and height and weight.

I fully understand that the college does not assume any responsibility for contacting me for subsequent release of this information and, regardless of the effect upon me, the college assumes no liability for honoring my instructions.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)