

## REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Registrar's Office  
Pinnacle Career Institute

To all students:

The Family Educational Rights and Privacy Act (FERPA) designates certain information related to your student record as "Directory Information" and gives the institution the right to disclose such information to anyone inquiring without having to ask for permission, unless you specifically request in writing that all such information not be made public without your written consent.

The following information has been designated by Pinnacle Career Institute as "Directory Information:"

- a) Name
- b) Address
- c) Telephone Number
- d) Program of Study
- e) Dates of Attendance
- f) Full-Time/Part-Time Status
- g) Awards/Honors Received

If you wish to withhold disclosures of your "Directory Information," please print a copy of this form and submit the completed form to the Registrar's Office.

Please consider very carefully the consequences of any decision made by you to withhold "Directory Information," as any future requests for such information from non-institutional persons or organizations will be refused. Pinnacle Career Institute will honor your request to withhold all of the information listed, but cannot assume responsibility to contact you for subsequent permission to release it. This contract is effective until revoked. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

---

I have carefully read the above and request that Pinnacle Career Institute not disclose my "Directory Information" to noninstitutional persons or organizations without my prior written permission. I acknowledge that revocation of this non-disclosure contract must be submitted in writing to the Office of the Registrar, Pinnacle Career Institute.

Print Name: \_\_\_\_\_

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

Return completed form to: Registrar's Office 11500 N Ambassador Dr, Suite 221, Kansas City, MO 64153, or submit in person at the location listed above. Information will be updated as it is received in the Registrar's Office.

Office Use Only: To be filled out by the Registrar's Office representative:

---

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Revocation: \_\_\_\_\_