



Revised: 2/24/15

Pine Technical & Community College

Request for Data Confidentiality

I, _____, (Tech ID) _____,
(Print Your Full Name)

request all Student Directory Information be treated as private and that it not be released.

Student Directory Information includes:

- Student name
- Hometown
- Graduation date
- Major(s)/Program(s)
- Student status (*enrolled, full-time, part-time, withdrew*)
- Honors
- Dates of attendance
- Student activities
- Student email address

Effective

Effective through: _____
(date)

Student Signature

Date

Reference

Reference: State Data Practices Act, Chapter 298, sec. 1



800.521.7463/
320.629.5100



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A MEMBER OF THE
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