

PULASKI TECHNICAL COLLEGE

RESTRICTION OF DIRECTORY INFORMATION FORM

I wish to restrict the release of the directory information indicated below. I am aware that this restriction is valid only for the academic year in which it is signed. This form becomes valid with the opening of school in the fall and a new form must be completed to retain the restriction on the release of information.

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Check all that you wish to restrict:

\_\_\_\_\_ All information

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone