

Individual requesting information _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Reason for request _____

Directory Information requested for:

Student's name _____

RCC ID _____

Check the information you are requesting: Address _____ Telephone number _____ E-mail address _____ Major field of study _____ Dates of enrollment _____ Degrees received _____ Additional information requested* _____

*Additional Directory Information includes participation in official recognized college activities and sports, most recent previous educational agency or institution attended, academic credit information, photograph, and student ID number.

I agree that I and/or my organization will not forward this directory information to additional outside organizations, institutions, or agencies.

Signature of Requestor_____
Date