

Privacy Request Form

_, BTC Student ID Number _____

Dated

Student Name

request that Blackhawk Technical College (BTC) withhold all information, not limited to directory information. I understand this will be in place until I direct BTC, in writing, to do otherwise. Any information requested pertaining to me will require a photo identification (i.e. state identification, driver's license, or BTC identification card) and a signature confirmation for authenticity.

This form must be completed in the presence of a BTC employee and cannot be mailed, faxed, or submitted by another person on behalf of the requestor.

Student Name (Printed)

Student Signature

I no longer request that BTC withhold all directory information, effective _

Date (DD/MM/YY)

Student Name (Printed)

Student Signature

Central Campus 6004 S County Road G • P.O. Box 5009 • Janesville, WI 53547 • (608) 758-6900

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

Dated