



STUDENT SERVICES

6004 S. County Rd. G., PO Box 5009, Janesville, WI 53547 • (608) 757-7660 • fax (608) 743-4407 • registration@blackhawk.edu

PRIVACY REQUEST FORM

I, _____, Student ID# _____,

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 id (state ID, driver's license, or BTC ID 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.

Dated: _____

X _____
(Student signature)

(Printed name of student)

I no longer request that BTC withhold all Directory Information effective _____ (dd/mm/yy).

X _____
(Student signature)

(Printed name of student)