



PUBLIC INFORMATION REQUEST

1. PUT YOUR REQUEST IN WRITING: (attach request to this form and return to SCC) Your request should be as specific as possible, describing the information you want as clearly as you can. We may need some time to locate the information you are requesting; clearly stating your request will help us to respond more efficiently. Please state that you are making a request under the Minnesota Government Data Practices Act.

A. **What data are you requesting?** Directory information including name, program major, dates of attendance, honors, and student status (enrolled, graduated, withdrew, part-time, full-time) may be released. Notice to Credit Card Issuers: Effective July 1, 2007, Minnesota Statutes S 135A.145 prohibit colleges and universities and any affiliated organization from providing a “card issuer” with the names, addresses, phone numbers or other contact information about its undergraduate students without the student’s consent.

B. **Under the Solomon Amendment to the National Defense Authorization Act (1996)** we must provide access to the following student information to the United States military: name; address; telephone number; age or date of birth; place of birth; class level and academic major. Students who submitted a data privacy request will not be included.

C. **Format:** Unless otherwise specified, the data will be provided in electronic Excel Spreadsheet format.
PLEASE INCLUDE EMAIL ADDRESS.

2. WRITTEN VERIFICATION* THAT DATA IS NOT REQUESTED BY A “CREDIT CARD ISSUER”

as defined in 15 U.S.C S1602. (Signature of this form serves as verification.)

3. SEND YOUR REQUEST TO:

Deann Schloesser
Director of Advising & Registration, South Central College
1920 Lee Boulevard
North Mankato, MN 56003
deann.schloesser@southcentral.edu

Printed Name of Requestor _____ Signature of Requestor _____

Email address (where data is to be sent) _____ Date _____