

# Disclosure of Student Records Refusal Form

Name (Print) \_\_\_\_\_

MyColumbia ID# \_\_\_\_\_

I hereby request that NO information is released regarding my enrollment status or educational history to any parties that may inquire.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please read our document policy at [www.colum.edu/docpolicy](http://www.colum.edu/docpolicy). The preferred method to submit this completed form and all requested documentation is electronically. If you submit this *in paper form*, use one of the following methods:

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[www.colum.edu/documentsubmission](http://www.colum.edu/documentsubmission) to upload documents electronically

Fax: 312-369-8436

Mail:

Columbia College Chicago  
Columbia Central  
600 S. Michigan, Suite 303  
Chicago, IL 60605

If you wish to revoke your disclosure refusal form and allow the college to release your enrollment status or education history, please email [columbiacentral@colum.edu](mailto:columbiacentral@colum.edu).