Request for Non-Disclosure of Directory Information

Under the provision of FERPA, students have the right to withhold the disclosure of <u>directory information.</u> Student requests for non-disclosure may be submitted at any time during the semester.

Student Name: _____**Date of Birth:** _____ **CSI ID #:** _____

                Last, First, Middle   MM/DD/YY

College of Southern Idaho does not normally disclose <u>directory information</u>. However, at its discretion, it may provide directory information in accordance with the *Family Education Rights and Privacy Act* (FERPA), as amended. Designated directory information at the College of Southern Idaho includes the following:

- Student Name
- Address
- Email Address
- Enrollment Status (full/part time)
- Telephone Number
- Photo
- Most Recent Educational Institution Attended
- Dates of Attendance

- Major
- Freshman/Sophomore Standing
- Candidacy for Degree/Certificates
- Anticipated Graduation Date
- Degrees and Awards Received
- Participation in Officially Recognized Activities and Sports
- Weight and Height of Member of Athletic Teams

College of Southern Idaho will honor your request to withhold any directory information but cannot assume responsibility to contact you for subsequent permission to release them. Your request for non-disclosure will remain in effect until rescinded in writing. Please consider very carefully the consequences of any decision by you to withhold directory information. By completing this form, the institution will refuse any future requests for directory information from non-institutional persons and organizations. Some of the effects of your decision to request confidential status will be exclusion from President/Deans lists and exclusion from the annual Commencement Program.

Please note: Non-disclosure of directory information does not prevent College of Southern Idaho from disclosing personally identifiable information from a student's record to authorized representatives of federal, state, and local agencies if that disclosure is in connection with financial aid to which the student has applied, the student has received, or any of the other exceptions found in the FERPA regulations.

I understand that by signing this release, I am requesting the nondisclosure of directory information under the *Family Education Rights and Privacy Act* (FERPA). I certify that my request is entirely voluntary. I understand that if I wish to make any changes to my request I will need to submit a request in writing to the College of Southern Idaho.

_____   _____

        Student Signature   **Date**

When this form is completed, please submit for processing to the Office of the Registrar - records@csi.edu *208-732-6795*

Office Use Only
☐   Mark FERPA Restrict on student account
*Processed by:*_____   *Date:*_____