Registrar's Office 1000 W. Garden Avenue

Phone: (208) 769-3320 (208) 769-5976 Fax: Coeur d'Alene, ID 83814

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION	
Last, First Name	Student ID Number
Semester/Year	
At North Idaho College the following to the general public and may be liste	g information about a student can, by law, be released in the campus directory:
Student's Name, Address, Telephone Number, Email Address, Major, Dates of Attendance, Classification, Participation in Officially Recognized Activities, Weight and Height of Members of Athletic Teams, Degrees, Certificates, and Awards Received, and Previous Educational Institutions Attended  No other student information is released to non-university personnel without your written permission. By completing this form, you will be requesting that information not be released to non-university personnel or listed in the campus directory.	
Once you have designated a confide submit a signed authorization request	ential classification, it will not be removed until you ing that it be removed
 Date	Signature
Date	Signature