



NON-DISCLOSURE DECLARATION
OF EDUCATIONAL RECORD INFORMATION

Student Name (Last, First, M):	ISU ID:	Date of Birth (MM/DD/YY):
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The Family Educational Rights and Privacy Act, the Buckley Amendment of 1974 (FERPA), allows students at an institution of higher education to control outside access to their education records, including requests for information from their parents or other family members. Upon request, the University releases student directory information: name, current address, telephone number, e-mail address, major, class level, current status, dates of attendance, degrees and awards received. Completion of this NON-DISCLOSURE form is a declaration to NOT release any *directory information* without the written consent of the above named student.

Without a student’s written consent, Idaho State University may not disclose information from a student’s education records to outside third parties. The University may disclose (but is not required to disclose) a student’s education records to the taxpayer who is entitled to claim, and has claimed, the student as a dependent, as defined in Section 152 of the Internal Revenue Code. Students will be notified in writing by the Registrar if a parental information declaration has been filed.

Electing to NOT authorize release of “directory information” will cause any and all future requests for contact information from ISU persons (on non-essential matters) and from non-institutional persons and organizations, including scholarship organizations, prospective employers, etc., to be denied.

Student Non-Disclosure Declaration :

I, the above-named student at Idaho State University, request that my directory information *not* be released without my written consent. I understand that by placing a hold on my records, I will *not* be able to receive any assistance over the phone from ISU Offices, and that any specific questions regarding my records *must* be resolved either in person with Picture I.D. or by mail/fax request with photocopy of Picture I.D. and my signature. This declaration will remain in effect unless I revoke it in writing to the Registrar.

Signature: _____ Date: _____

Return this form to: Idaho State University
Office of Registration and Records.
Campus Box 8196
Pocatello, ID 83209-8196

For Office Use Only:

Identity Verified: _____ Processed By: _____ Date: _____

Note: One Copy-Registrar, One Copy-Student