Directory Information

Itasca Community College (ICC) has designated the following information as directory information. Directory information is public data unless you request any of this data to be treated private. Please check the appropriate item below if you do NOT want the following information released.

___1 Personal
   • Student’s name, email address (ICC issued), StarID

___2 Academic
   • Dates of attendance, major field of study, degrees, honors and awards received, participation in officially recognized activities and sports, height and weight of athletes, photograph (stills or motion)

___3 Release NO Information

Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or organizations will be refused without your written authorization, except where required by law. For example, the college would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, apartment leases, etc. unless the request is accompanied by your signed, dated release. Itasca Community College cannot assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld. Your request to withhold your directory information will remain in effect until you inform us in writing to rescind it.

Withhold Directory Information
I wish to prevent the disclosure of my directory information and understand the implications of doing so, as described above.

Signature: ___________________________ Student ID#: ___________________________

Printed Name: ___________________________ Date: ___________________________

From the date this form is received in the Student Services Office, we will honor your request to withhold your directory information until you request in writing that you wish to remove the **withhold directory information** designation.

Release Directory Information
I no longer wish to prevent the disclosure of my directory information.

Signature: ___________________________ Student ID#: ___________________________

Printed Name: ___________________________ Date: ___________________________

From the date this form is received in the Student Services Office, we will honor your request to release your directory information.

*** Return this completed form to the Student Services Office ***