



College of Southern Idaho
 Office of Admissions & Records
 College of Southern Idaho
 PO Box 1238, Twin Falls, ID 83303-1238

FERPA Directory Information Opt-Out Form

_____ CSI ID Nr. _____ Date _____
 First Name Last Name

_____ City State Zip Code
 Street Address

I request the withholding of the following personally-identifiable information that the College of Southern Idaho has identified as Directory Information under FERPA. I understand that upon submission of this Form, the information checked cannot be released to third parties without my written consent or unless the College is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time the Records Office receives my form and tags my account until my opt-out request is rescinded.

I further understand that College of Southern Idaho will tag my educational records to prohibit the release of my educational records without my consent within five business days of receipt of this notification. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting the revocation section of this Form to the College Registrar. I further understand that if directory information is released prior to the Registrar receiving my opt-out request, the College may not be able to stop the disclosure of my directory information.

CHECK ALL BOXES THAT APPLY

WITHHOLD ALL INFORMATION IDENTIFIED BELOW (all Directory Information); or
 Withhold only the items checked below:

- Name
- Address listings
- Phone number listings
- E-mail address
- Photograph
- The most recent previous educational agency or institution attended
- Enrollment status
- Full-time/part-time status
- Dates of attendance
- Major
- Freshman/sophomore standing
- Candidacy for degrees/certificates
- Degrees conferred and dates
- Awards and honors received
- Participation records in officially recognized activities and sports
- Height and weight of members of athletic teams

Signature: _____ Date: _____

Office Use Only: Date Received _____ Date Records Coded _____ Initial: _____

RESCISSION OF OPT-OUT REQUEST

I, the above named student, hereby rescind my request to opt-out from the release of directory information. Student Signature: _____ Date: _____

Office Use Only: Date Received _____ Date Records Un-Coded _____ Initial _____