



# REQUEST FOR DIRECTORY HOLD

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.3216 fax  
5500 East University Way - Nampa, ID 83687 - www.cwidaho.cc

\_\_\_\_\_  
LAST NAME FIRST NAME M.I.

\_\_\_\_\_  
STUDENT ID -OR- SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PHONE NUMBER (INCLUDING AREA CODE)

\_\_\_\_\_  
DATE OF BIRTH

## DIRECTORY INFORMATION

At its discretion, the College of Western Idaho may provide Directory Information in accordance with the *Family Educational Rights and Privacy Act of 1974*, as amended. This information may include the following data:

- Name
- Address
- Phone Number
- Email Address
- Dates of Attendance
- Enrollment Status
- Major
- Class Standing – Freshman/Sophomore
- Degrees Conferred and Dates
- Awards and Honors Received
- Photograph
- Date of Birth
- Previous Institutions Attended

Under the provision of the *Family Educational Rights and Privacy Act of 1974*, you have the right to withhold disclosure of Directory Information listed above. Should you decide to inform the institution to place a directory hold on your record, any future request for such information from non-institutional persons or organizations will be refused. No information shall be released to a third party without written authorization from the student, except required by law.

The College of Western Idaho will honor your request to withhold all Directory Information, but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, the College of Western Idaho assumes no liability as a result of honoring your instructions that such information be withheld.

## REQUEST FOR DIRECTORY HOLD

I understand that by placing a Directory Hold on my file all information is withheld from the public, including parents and spouses. I understand that this will also keep my name from being printed on the Dean’s list as well as in the commencement program at graduation.

I wish to have a Directory Hold placed on my file.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE