



REQUEST TO REMOVE DIRECTORY HOLD

Registrar's Office - registrar@cw.edu - 208.562.3000 phone - 888.562.3216 fax
PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwi.edu

This form is used to remove the hold placed on your account that prevents access to your information by anyone other than yourself. This form must be submitted in person by the student, through the student's CWI e-mail, by fax or mail (legible, valid photo ID must be included).

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
STUDENT ID -OR- SSN _____ 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:

- Awards and honors received
- Candidacy for degrees/certificates and anticipated dates of graduation
- Dates of attendance
- Degrees conferred and dates
- Enrollment Status
- Freshman/sophomore standing
- Full-time/part-time status
- Major
- Most recent previous agency or institution attended
- Student's Address
- Student's Email Address
- Student's Name
- Student's Phone Number
- Student's Photograph

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 TO REMOVE DIRECTORY HOLD

I hereby authorize the Office of the Registrar at the College of Western Idaho to remove the directory hold from my education record. Effective immediately, directory information may once again be released to the public, at the discretion of the College of Western Idaho.

STUDENT SIGNATURE _____ DATE _____