



## Non-Disclosure of Public Information Form

Itasca Community College  
Student Services Office, Backes Student Center  
1851 East Highway 169  
Grand Rapids, MN 55744  
1-800-996-6422 or 218-322-2320  
Fax 218-322-2325

### 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 \*\*\***

Itasca Community College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon advance request by contacting Ann Vidovic in Disability Services, Donovan Hall 107 at 800-996-6422 ext 2433. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529."