



REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFO

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
907-852-1754 or 1757 fax: 907-852-1784
registration@ilisagvik.edu

STUDENT NAME: _____
First Middle Last

SSN: _____ or STUDENT ID #: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street/PO Box City State Zip

Please initial below to indicate directory information that you do not want released:

- ____ Student's name
- ____ Student's local address and permanent address
- ____ Student's email address
- ____ Student's telephone number
- ____ Student Photo (Photo may be used for promotional or reporting purposes)
- ____ Names and dates of previous high schools and colleges attended
- ____ Classification (Freshman, Sophomore), enrollment status
- ____ Major field of study
- ____ Dates of attendance and anticipated date of graduation
- ____ Participation in officially recognized activities
- ____ Degrees and awards granted

The directory information that you initial above won't be released. You can change your status at any time, but you must do so in writing to the Registrar's Office who will then remove the hold on your information.

STUDENT SIGNATURE: _____ DATE: _____

REGISTRATION SIGNATURE: _____ DATE: _____