



**INDIAN RIVER STATE COLLEGE**  
Student Records Department  
(772) 462-7460

Office Use Only
Received by: _____
Campus: _____

**Authorization for Non-Disclosure of Directory Information  
in accordance with Family Educational Rights and Privacy Act  
(FERPA – 34 CFR Part 99)**

**Student ID#:** \_\_\_\_\_ **Date of Birth (Month/Day/Year):** \_\_\_\_\_

**Student's Printed Name:**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Indian River State College maintains student records in accordance with federal law, Florida Statutes, and State Board of Education Rules.

Pursuant to Florida Statute, 1002.21 and 1002.22 and the Family Educational Rights and Privacy Act of 1974 (FERPA), the College may publish and release general public Directory Information relating to students.

IRSC student Directory Information includes a student's name, address, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of College attendance, degrees, awards, and scholarships received, and the most recent previous educational agency or institution attended by the student.

Under the provisions of FERPA you have the right to withhold disclosure of such Directory Information. Your completion of this Authorization for Non-Disclosure will result in the withholding of Directory Information noted below from any third party. This Authorization will also require that you submit photo identification to complete transactions at IRSC.

**Non-Disclosure Restrictions**

☐ **Restrict ALL Directory Information (ALL items listed below)**

**OR, Select Individual Restrictions:**

- ☐ No Release of Name      ☐ No Release of Sports/Activities Participation
- ☐ No Release of Degrees/Awards Received      ☐ No Release of Address
- ☐ No Release of Weight and Height      ☐ No Release of Scholarships Received

☐ No Release of Field of Study    ☐ No Release of Dates of Attendance

☐ No Release of Institutions Attended

Once you have made your non-disclosure selections, your restrictions will remain on file and be enforced until you complete the **Cancel Request**.

**Cancel Request**

I request that the above Authorization for Non-Disclosure of Directory Information be cancelled.

**Student's Signature** \_\_\_\_\_ **Date Cancelled** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Records Specialist \_\_\_\_\_ Date Entered \_\_\_\_\_