



**AUTHORIZATION FOR
NON-RELEASE OF INFORMATION**
Eastern Idaho Technical College
1600 South 25th East
Idaho Falls, Idaho 83404
208-524-3000 or 1-800-662-0261 ext. 3361

Name: _____ Date: _____

Social Security Number: _____ Phone: _____

Address: _____
Street City State Zip

I, _____ am verifying with Eastern Idaho Technical College
(Please Print)

that *No* information from my records be released to any person or organization without prior written, specific, authorization from me. This includes but is not limited to the following information:

Attendance Status/Program Information Financial Aid Information Grades

Other _____ Other _____

Signature: _____ Date: _____

Signature of Registrar: _____ Date: _____