

ILLINOIS EASTERN COMMUNITY COLLEGES
Directory Information Restriction Notification

Name (please print) _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Date of Birth (M/D/Y) _____

Phone (____) _____

Primary College of Attendance (check one):

Frontier Lincoln Trail Olney Central Wabash Valley

The following IECC Directory Information will be restricted.

Student name

Student local/home address and telephone number

Electronic e-mail address

Date of birth

Current term hours carried

Major field of study

Classification (freshman, sophomore, continuing)

Academic unit

Dates of attendance

Degrees and honors earned and dates (including Commencement)

Most recent previous education agency or institution attended prior to IECC

Participation in officially recognized activity or sport and weight, height, and pictures of members
of athletic teams

Picture

This request will be in effect for the academic year in which request was made (one year from date of signature), and must be renewed annually during the first two (2) weeks of each fall semester.

Consider carefully the consequences of any decision made by you to withhold Directory Information, as all requests for such information from non-institutional persons or organizations will be refused. This will stop any verification for purposes of employment, loans, credit card applications, insurance, etc. Your name will not appear in the commencement program or similar announcements. Illinois Eastern Community Colleges has the intent to honor request of students who wish to withhold Directory Information, but cannot assume responsibility to contact you for subsequent permission for release of information. Regardless of the effect upon you, Illinois Eastern Community Colleges assumes no liability for honoring your instructions that such information be withheld.

Student Signature

Date

Student Records

Date entered into Banner