



FERPA Restriction Form

NAME: _____

ID#: _____

PLEASE RESTRICT ALL INFORMATION ON MY RECORDS AT ICC. I DO NOT WANT ANY INFORMATION RELEASED WITHOUT MY APPROVAL.

I understand by completing this form I will be required to complete all academic actions through my MyICC (eServices) account or in person with a photo ID. This includes asking questions pertaining to my academic and financial records, adding and dropping classes, requesting password resets, etc.

SIGNATURE: _____

DATE: _____

By typing your name above, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.