



SNOW COLLEGE

DIRECTORY INFORMATION REQUEST FORM

REQUESTER INFORMATION.

Name	Title	Company
Complete Current Address	Phone #	

REQUEST.

PURPOSE OF REQUEST.

HOW WILL THE DISCLOSURE BENEFIT THE STUDENT?

HOW WILL THE INFORMATION BE USED?

Requestor's Agreement. By signing below, the Requestor agrees to abide by the applicable provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA) concerning the redistribution of student information. The Requestor agrees not to redistribute the student information received and only use the information as stated above.

Applicant's Signature: _____ Date: _____