



By submitting this registration form, you certify that all information provided is correct, and you agree to follow the policies and procedures specified in the ISI catalog and on the website. Changes in the catalog may occur after this printing. Refer to the ISI website for the most current policies, procedures, course information and refund deadlines.

How did you hear about the ISI program?

- Adviser
- Personal referral
- Website
- U.S. military
- Catalog/print advertising
- Conference/education fair
- Other .....

What is your purpose in enrolling?

- Earn credit for degree/diploma
- Earn credit for certification/recertification
- Earn credit for library science certification
- Meet admission requirements
- Professional development
- Personal enrichment
- Other .....

**RELEASE OF INFORMATION** (Optional) (Please print.)

I, .....authorize ISI to release the following information about me:

Check all that apply:

ACADEMIC:

- Registration/enrollment
- Grades
- Progress in course

ACCOUNT:

- Charges
- Payments

To the following individual(s) upon their request (please print):

1. Name ..... Relationship .....
- Street address ..... Email .....
- City, State, Zip Code ..... Phone number .....
2. Name ..... Relationship .....
- Street address ..... Email .....
- City, State, Zip Code ..... Phone number .....

I understand that this information is considered a student education and/or financial record. Further, I understand that by signing this release I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. The authorization on this form will supersede all prior authorizations for release of my information.

I wish to revoke all consent for release of information

Student's signature..... Date.....