University of Idaho

Vandals First Paperwork To-Do

Return completed forms to Vandals First Office as soon as possible.

Options:

- Scan and email to **vandalsfirst@uidaho.edu**
- Print and mail to:

Vandals First Program

875 Perimeter Drive MS 2439

Moscow, ID 83844-2439

University of Idaho
Vandals First Program

Academic Year 2026-2027 New Student Intake Form

*denotes required information

Last Name*	**First Name***	**M.I.**
Preferred Name (If applicable)	**Date of Birth***	**Today's Date***
Current Major/Area of Study*	**Student ID #***	
Personal E-mail Address*	**Student E-mail Address*** @vandals.uidaho.edu	
Home Address*		
City*	**State***	**Zip***

University of Idaho Housing:*

☐ On-Campus Residence Hall ☐ On-Campus Apartment ☐ Fraternity or Sorority ☐ Off-Campus

- **Resdidence Hall: (**Building & Room Number**)**
- **Fraternity/Sorority Chapter House:**
- **If Off Campus, Local Address:**

Permanent Phone	**Cell Phone***

UI Current Class Standing: * ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Are you a current or former TRIO/Student Support Services participant? * ☐ Yes ☐ No ☐ Intend To

Are you currently working with the Center for Disability Access and Resources (CDAR)? * ☐ Yes ☐ No ☐ Intend To

Have either of your parents earned a bachelor's degree or higher? * ☐ Yes ☐ No

The best way for us to send appointment reminders, program information, & involvement opportunities? ☐ Text ☐ Email

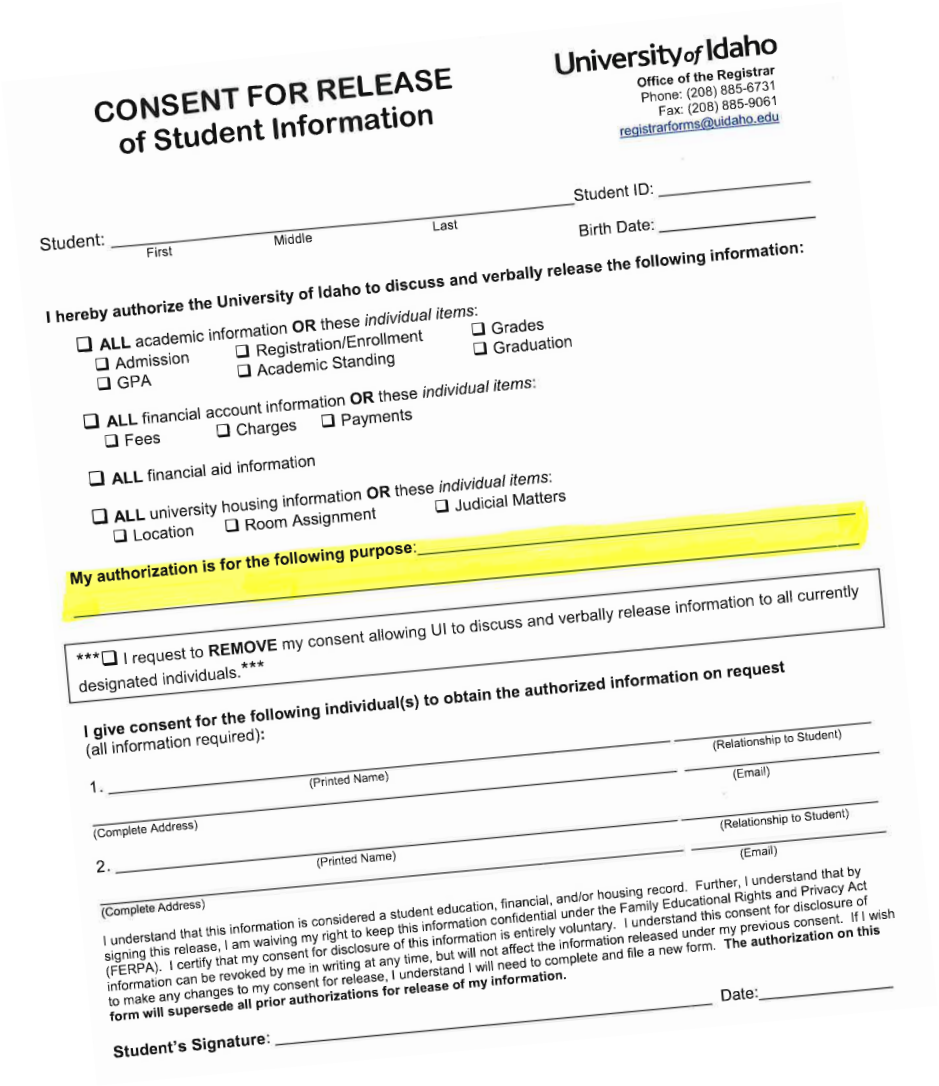
Dietary Restrictions:	**T-shirt Size:** *

May we acknowledge your birthday at monthly cohort meetings? ☐ Yes ☐ No

Ethnic/Racial Identity: Please Check All That Apply ***(optional)***

☐	African American/Black	☐	Hispanic/Latinx
☐	Asian American/ Pacific Islander	☐	White:
☐	Native American	☐	Other:

READ ME!



CONSENT FOR RELEASE of Student Information

University of Idaho
Office of the Registrar
Phone: (208) 885-6731
Fax: (208) 885-9061
registrarforms@uidaho.edu

Student: _____ Student ID: _____
First Middle Last Birth Date: _____

I hereby authorize the University of Idaho to discuss and verbally release the following information:

❑ **ALL** academic information **OR** these *individual items*:
❑ Admission ❑ Registration/Enrollment ❑ Grades
❑ GPA ❑ Academic Standing ❑ Graduation

❑ **ALL** financial account information **OR** these *individual items*:
❑ Fees ❑ Charges ❑ Payments

❑ **ALL** financial aid information

❑ **ALL** university housing information **OR** these *individual items*:
❑ Location ❑ Room Assignment ❑ Judicial Matters

My authorization is for the following purpose: _____

❑ I request to **REMOVE** my consent allowing UI to discuss and verbally release information to all currently designated individuals.

I give consent for the following individual(s) to obtain the authorized information on request (all information required):

1. _____ (Printed Name) _____ (Relationship to Student)
(Complete Address) _____ (Email)

2. _____ (Printed Name) _____ (Relationship to Student)
(Complete Address) _____ (Email)

I understand that this information is considered a student education, financial, and/or housing 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.**

Student's Signature: _____ Date: _____

This Consent for Release form is a vital part of our program and helps us to stay in touch with your family.

DO NOT forget to fill in this section!

Don't know what to put? Something like this would work!

"To keep my family informed"

If Your Contacts DO NOT Have Email Addresses Phone Numbers Work As Well!

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_____

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(all information required)**:**

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(Printed Name) (Relationship to Student)

_____ _____
(Complete Address) (Email)

2. _____ _____
(Printed Name) (Relationship to Student)

_____ _____
(Complete Address) (Email)

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Student's Signature: _____ Date:_____

OFFICE USE ONLY

Recorded by _____ Date _____ Rev 12/18