



**Idaho State
University**



**Idaho State University - College of Eastern Idaho
Co-Admission – Co Enrollment Participation Form**

Name _____
Last First Middle

SID for both institutions ISU _____ CEI _____

DOB _____ Preferred
Email _____

I grant permission to the personnel of the Idaho State University (ISU) and College of Eastern Idaho (CEI) to share my academic information including, but not limited to, current and future enrollment status, cumulative grade point average, academic transcripts, and academic standing while under CO-Admission/CO-Enrollment at ISU and CEI.

Student Signature

Date

Please return this form to one of the offices below:

Idaho State University
Office of Admissions
921 S. 8th Ave. Stop 8011
Pocatello, ID 83209
Fax: 208-282-4314
Email: admiss@isu.edu

College of Eastern Idaho
Registrar's Office
1600 S 25th E
Idaho Falls, ID 83404
Fax: (208) 525-7026
Email: assistant.registrar@cei.edu