

# REQUEST TO RESCIND CONFIDENTIALITY OF STUDENT DIRECTORY INFORMATION

ACAD-HISTORY-P

Print clearly and use ink (no pencil).

Royal ID	Name
College	Level
CAS      KSOM      - \$ ) 4	

Email Address	

I confirm that the previously submitted request to prohibit the disclosure of my student directory information should be rescinded. I understand that my directory information will no longer be restricted as confidential and may be released without my written permission.

Student Signature	Date
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Return the completed form to the Office of the Registrar    2 1 + D U D   + D O O      / L Q G H Q   6 W U H H W   6 F U D Q W R Q

ORAS Office Use Remove flag R Q   V W X G H Q W 1 V   % S C A N Q H U record	Signature	Date
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