Authorization to Release Directory Information

Print
Name:_____
Last First

Student ID Number: ___ ___ ___ ___ ___ ___

By my signature, I revoke my earlier request to have my personal/biographical data information withheld. Furthermore, my signature indicates I will be provided with a copy of this request after signed by the Registrar or designee.

Student Signature: _____ Date: _____

Recorded by: _____ Date: _____
Registrar or designee