

**BLOOMSBURG
UNIVERSITY
F.E.R.P.A**

Family Rights and Information Privacy Act

**Request by student to direct the Office of the Registrar
To allow the release of 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