



REQUEST TO RESCIND CONFIDENTIALITY OF STUDENT DIRECTORY INFORMATION

ACAD-HISTORY-P

Print clearly and use ink (no pencil).

Royal ID	Name			
College CAS KSOM PCPS	Level Undergraduate Graduate		Cell Phone #	
Year	Effective Term Fall Intersession Spring Summer			
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confirm that the previously-submitted request to prohibit the disclosure of my student directory information should be rescinded.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.

Stud ID ~~11~~ Stud ID ~~11~~ Stud ID ~~11~~