



# 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confirm that the previously-submitted request to prohibit the disclosure of my student directory information should be rescinded.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~~