

# Request for Revocation of Opt-out of Directory Information



You previously requested that the University not disclose some or all of your directory information. By marking the boxes below, you are authorizing the University to now disclose the selected items to the public and to other individuals who request it.

Please mark all items you authorize the University to disclose as directory information:

All of my directory information

Name

Campus telephone number

Campus address

University e-mail address

Date of birth

College or school in which you are enrolled

Program and/or field of study

Enrollment status (e.g., undergraduate or graduate student, full-time, part-time, not enrolled, graduated)

School attended immediately prior to enrolling at the University

Dates of attendance

Degrees and honors

Awards received

Height and weight, if you are a member of an athletic team

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Student ID No.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date