

**REQUEST TO RESCIND CONFIDENTIALITY
 OF STUDENT DIRECTORY INFORMATION**

ACAD-HISTORY-P

Print clearly and use ink (no pencil).

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confirm that the previously-submitted request to prohibit the disclosure of my student directory information should be rescinded.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

Student Signature	Date
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Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall, 800 Linden Street, Scranton, PA 18510

ORAS Office Use <input type="checkbox"/> Remove flag on student's Banner record <input type="checkbox"/> Scan	Signature	Date
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