

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confirm that the previously-submitted request to prohibit the disclosure of my student directory information should be rescinded.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

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 |
|--|-----------|------|