



Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name First Name UIN

Under the provisions of the **Family Educational Rights and Privacy Act of 1974**, as amended, you have the right to withhold the disclosure of any "Directory Information" (information which is available to the public).

After careful consideration, you have decided to revoke your previous request to prevent disclosure of Directory Information.

Please sign and date the form below if you **do** wish to revoke your previous request to prevent disclosure of Directory Information. This disclosure will remain in effect until you provide written notice to the Office of Records and Registration to reactivate the non-disclosure.

 Student Signature

 Date

This form should be submitted to the Office of Records and Registration prior to the tenth class day of the semester (fifth day of the summer term).

Original:
 Permanent File

Copy (distributed by the Office of Records and Registration):
 Student

For Office Use Only
Processed By: _____
Date: _____