

## REVOCATION OF REQUEST TO WITHHOLD DIRECTORY INFORMATION

Submit to: 1600 Burrstone Road Utica, NY 13502 315-792-3393, Fax 315-792-3020 registrar@utica.edu

OFFICE OF THE REGISTRAR

This form must be submitted to the Office of the Registrar in person with appropriate ID (a valid driver's license, Utica University Student ID, or passport), or it may be submitted by mail, fax or email along with a legible copy of appropriate ID.

Directory information at Utica University includes:

Student's Name Local Address/Campus Residence/Telephone Numbers Permanent Address/Telephone Number **Telephone Number** E-mail Address Date and Place of Birth Hometown Degrees and Awards Received and Dates Dates of Attendance (Current and Past) Full or Part-time Enrollment Status Participation in Officially Recognized Activities/Sports Weight/Height of Members of Athletic Teams Most Recently Attended Educational Institution Major Field of Study Academic Levels **Residency Status** Photographs

## **REVOCATION of Directory Information Non-Disclosure**

Understanding my privacy rights under FERPA, I revoke my previous request for non-disclosure of directory information at Utica University. I understand that the directory information listed above will be available in public directories and to third parties requesting such information.

Student Name:	Banner ID:
Please print	
Student Signature:	Date:
Registrar Staff Signature:	Date: