

**THE UNIVERSITY OF
SCRANTON**
A JESUIT UNIVERSITY

Request To Rescind Confidentiality of Student Directory Information

**Please complete this form and return it to:
The University of Scranton Registrar's Office
St. Thomas Hall, Room 301
Scranton, PA 18510**

I previously had submitted a request to prohibit the disclosure of my student directory information as defined by University policy. I now would like to rescind that request. I do so understanding that my directory information will no longer be flagged as confidential and may be released without my written permission.

I, _____,
(Print Name)

would like to rescind my prior request to prohibit the release of my directory information.

(Student Signature)

(Royal ID)

(Date)