

Registrar’s Office
C.B. Hedgcock, Room 2202
1401 Presque Isle Avenue
Marquette, Michigan 49855
(906) 227-2278
(906) 227-2231 Fax
Email: records@nmu.edu

Request Release of Directory Information

I previously requested Northern Michigan University to prevent the disclosure of my directory information. Now, I would like to have those directory restrictions removed from my academic record. It is my desire that Northern Michigan University make my directory information available.

I agree that the items selected below are designated as directory information at Northern Michigan University and may be released for any purpose at the discretion of NMU faculty and staff.

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **PRINT OR TYPE FULL NAME NMU IN**

**request that Northern Michigan University remove the directory restriction information checked below:**

\_\_\_**NAME & ALL DIRECTORY INFORMATION LISTED BELOW** (name and all other information).

\_\_\_**LOCAL ADDRESS AND TELEPHONE**

\_\_\_**PERMANENT ADDRESS AND TELEPHONE**

\_\_\_**ENROLLMENT STATUS** [Enrollment status, major/minor, program level (e.g. vocational, undergraduate, etc.), class standing, date(s) of attendance, current candidacy for degree or certification, degree(s) earned (including dates), honors and awards].

\_\_\_**NMU EMAIL ADDRESS** (NMU email address will continue to be used as the official means of communications at this university. Only the printing of it in the online directory will be restricted.)

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Return this form to the above address for processing.*

**For Office Use**
Confidentiality Flag Removed on Banner: \_\_\_\_\_\_\_

Processor’s Initials: \_\_\_\_\_\_\_\_