

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.

	PRINT OR TYPE FULL NAME		NMU IN	
quest that Noi	rthern Michigan University remove t	he directory restriction	information checked below:	
	NAME & ALL DIRECTORY INFORMAT	ION LISTED BELOW:		
	LOCAL ADDRESS AND TELEPHONE (in	ncluding cell phone num	ber).	
	PERMANENT ADDRESS AND TELEPHO	MANENT ADDRESS AND TELEPHONE (including cell phone number).		
	-	ATUS [Enrollment status, major/minor, program level (e.g. vocational, undergraduate, ing, date(s) of attendance, current term candidacy for degree or certification, degree(sg 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:		D	ATE:	
Return this f	orm to the above address for process	ing.		
	this form from your NMU email addivill need to be attached. If submitting		u. If emailing from another email address, ase bring a photo I.D.	
For Office U	se			
Confidentiali	ity Flag Removed on Banner:	-		