

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.

IPRINT OR TYPE FULL NAME	,,,,, NMU IN
PRINT OR TIPE FOLL IVAIVE	MINO IIA
request that Northern Michigan University remov	re the directory restriction information checked below:
NAME & ALL DIRECTORY INFORMATIO	ON LISTED BELOW:
LOCAL ADDRESS AND TELEPHONE (including	g cell phone number).
PERMANENT ADDRESS AND TELEPHONE (in	ncluding cell phone number).
	major/minor, program level (e.g. vocational, undergraduate, etc.), class m candidacy for degree or certification, degree(s) earned (including
<b>NMU EMAIL ADDRESS</b> (NMU email address this university. Only the printing of it in the	will continue to be used as the official means of communications at online directory will be restricted.)
SIGNATURE:	DATE:
Please email this form from your NMU email addr picture I.D. will need to be attached. If submitting	ress to records@nmu.edu. If emailing from another email address, a this form in person, please bring a photo I.D.
For Office Use Confidentiality Flag Removed on Banner: Processor's Initials:	_