



CANCELLATION OF REQUEST TO WITHHOLD
DIRECTORY INFORMATION

Registrar's Office
4004 N. Webb Rd, Bldg. 100
Wichita, KS 67226

Phone: (316) 677-9400 Fax: (316) 462-5990
E-mail: registrarsoffice@wsutech.edu

At WSU Tech, the following information is considered directory information and can, by law, be released to the general public at WSU Tech's discretion:

Name, dates of attendance, classification, major/degree program of study, awards, honors, degrees conferred (including dates), and past and present participation in officially recognized activities.

No other student information is released to non-college personnel without students' written permission. Under the provision of the Family Education Rights and Privacy Act of 1974, students have the right to withhold disclosure of such directory information. Student requests to withhold directory information may be made in the Registrar's Office any time during the semester.

Please Note: A request to withhold directory information does not prevent WSU Tech from disclosing personally identifiable information from a student's record to authorized representatives of federal, state and local agencies when the disclosure is in connection with financial aid for which the student has applied or which the student has received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

By completing this form, you are cancelling the previous request you made to not release any directory information from your academic records. You are requesting the confidential classification be removed and your directory information be released to the public at the discretion of WSU Tech.

Once you have chosen to release your directory information, this release will remain in effect until you submit a signed authorization request that it be withheld. You must show a valid government issued photo ID when submitting this form.

I hereby authorize WSU Tech to remove the non-disclosure block from my education record. Effective immediately, directory information may be released to the public at the discretion of WSU Tech.

Name (First, Middle Initial, Last) Social Security Number Date of Birth

Student's Signature Date

OFFICE USE ONLY

To be filled out by Registrar's Office Representative: SPAIDEN - Confidential box UNCHECKED SPACMNT comment

Date form received Registrar's Office Personnel Signature