

## REQUEST TO RESCIND NON-DISCLOSURE INDICATOR

I wish to rescind my request for non-disclosure of directory information under the Family Educational Rights and Privacy Act (the Buckley Amendment of 1974), which I submitted while a student at IUP. By my signature below, I authorize the Registrar to remove the confidential flag from my record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
IUP Student ID Number or  
Social Security Number

Return this form to:

Office of the Registrar  
300 Clark Hall  
Indiana University of Pennsylvania  
1090 South Drive  
Indiana, PA 15705