NON-DISCLOSURE FORM 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	
	Tot Stadon 15 Transcr

Return this form to:

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