

## Office of the Registrar

## **Request to Remove Restricted Status of Directory Information**

I hereby authorize the Office of the Registrar at Purdue University Fort Wayne to remove the restricted status from my education record. Effective immediately, directory information may once again be released to the public at the discretion of Purdue University Fort Wayne.

GAL NAME: LAST NAME FIRST NAME	STUDENT IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
DDRESS	TELEPHONE
CITY, STATE, ZIP	
TUDENT SIGNATURE	DATE
Photo ID Required to process Emailed forms a	and emailed photo identification will not be accepted.
ollege/school, field of study, classification, and cred	ion includes name; local address and telephone number; lit hour load; dates of attendance, degrees, honors or awards; orts; and weight, height and position of members of athletic teams.
OFFICE USE ONLY	
ction taken: SPAPERS Completed	
TE	CICNATURE
16	SIGNATURE