



Request to Remove the Restriction of the Release of Information

Mail to:
Student Services Building, Room 0251
1263 Lincoln Drive - MC 4701
Carbondale, Illinois 62901

I, _____ Dawg Tag: _____
Please print: Last Name, First Name, Middle Name

have previously requested that Southern Illinois University Carbondale restrict the release of the student directory information about me in accordance with the University’s policy and guidelines specified by the Family Rights and Privacy Act.

Today , I here by request that this restriction on the release of the student directory information about me be removed.

By signing this form, I understand that my student directory information may now be released to anyone requesting it. This restriction removal becomes effective immedia tely after this form is processed. To restrict the release of information again at a later date, I must submit such a request in writing using the “Request to Restrict the Release of Information” form available from the Registrar’s Office.

STUDENT SIGNATURE: _____ DATE: _____
Student Hand Written Signature (in cursive) is required Today’s Date is Required

This form may be faxed to Attn: RECORDS OFFICE at 618 - 453 - 2915 or mailed to the address listed at the top of this form. *(Note to Student: Please keep a copy of this for your records.)*

For Office Use Only
Date Received: _____ Date Processed: _____
Processed By: _____