BLOOMSBURG UNIVERSITY
Office of the Registrar
F.E.R.P.A REVOKE FORM
Family Rights and Information Privacy Act

REVOKE the request by student to direct the Office of the Registrar to not release directory information

Student ID Number |___| |___| |___| |___| |___| |___|

Print Name:_____
Last First

By my signature, I **REVOKE** my earlier request to have my personal/biographical data information withheld. Furthermore, my signature indicates I will be provided with a copy of this request after signed by the Registrar or designee.

Student Signature: _____ Date: _____

Recorded by: _____ Date: _____
Registrar or designee