

Northern Illinois University  
Office of Registration and Records

**Retraction of Request to Prevent Disclosure of Directory Information**

Effective on the date indicated below, please cancel my *Request to Prevent Disclosure of Directory Information* dated \_\_\_\_\_(mo.) \_\_\_\_\_(day)\_\_\_\_\_ (year).

I understand that:

- a. Other University offices will receive notification of retraction of *Requests to Prevent Disclosure of Directory Information*. Publications and/or official lists printed in compliance with the original *Request to Prevent Disclosure of Directory Information* will not be updated to reflect retractions.
- b. *Requests to Prevent Disclosure of Directory Information* and retractions received after the deadline date will be processed by all offices concerned as expeditiously as possible.

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Student Signature

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Date of this request

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Print Full Name (Last, First, Middle)

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Student ID Number