



Return to:
Indiana University of Pennsylvania
Office of the Registrar

Clark Hall
1090 South Drive
Indiana, Pennsylvania 15705
Phone: (724) 357-2217 Fax: (724) 357-4858

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 (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

IUP Student ID Number

Return this form to:

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