REQUEST TO REMOVE RESTRICTION OF DIRECTORY INFORMATIONTHE UNIVERSITY OF NORTH DAKOTA – OFFICE OF THE REGISTRAR

If you have placed a reque following information:	st to restrict directory informa	tion and choose to remove this restriction, please complete the
Name, Last:	First:	Middle:
Previous Names:		
Student ID #:	Date of	Birth:
Registered in the College/	School of:	
Excerpted below are porti	ons of Section 8, Student Reco	ords, from the Code of Student Life:
8-1 INTRODUCTION Student records maintaine records.	d by the University fall into tw	vo general categories – directory information and educational
name (all names on record phone number (all phone phone number (all phone phone field of study (all declared enrollment status; names of honors/awards received an photographic, video, or electrical authorize the University	nformation concerning a studer l); address (all addresses on reconumbers on record); height, we majors); minor field of study of previous institutions attende and degrees earned (all degrees ectronic images of students tak	nt which may be released publicly. It includes the following: cord); e-mail address (all electronic addresses on record); eight and photos of athletic team members; date of birth; major (all declared minors); class level; dates of attendance; d; participation in officially recognized activities and sports; earned); date degree earned (dates of all degrees earned); and ten and maintained by the institution.
SIGNATURE		DATE
	urn this form in person, we wil	all Rm 201. A photo ID will be required with submission of ll require a photo copy of a government issued picture ID that
	•	tennial Dr Stop 8382, Grand Forks, ND 58202-8382
	FOR OFFICE OF TH	IE REGISTRAR USE ONLY
I.D. checked and form accepted by:		Date:
CRT field updated by:		Date: