 **Office of the Registrar**

**University of Montana**

**32 Campus Drive, Missoula, MT 59812**

**406-243-2995(Voice)/ 406-243-4087(Fax)**

**registration@umontana.edu**

# Request to Rescind Restriction of Directory Information

To be completed by any student wishes to make public Directory Information

Based on your previous Request to Restrict Directory Information, the University has refrained from releasing your directory information to the public. Rescinding this request means you again consent to the public release of your directory information at the discretion of the University of Montana, in compliance with the Family Educational Rights and Privacy Act of 1974 and Montana State law. The University of Montana considers the information listed below public directory information:

* Student’s name
* Addresses (mailing, permanent, and email)
* Telephone number
* Dates of attendance
* Degrees and honors received
* Major and minor field(s) of study
* Class
* Participation in officially recognized activities and sports
* Most recent previous educational agency or institution attended by the student
* Weight and height, if student is a member of an intercollegiate athletic team

**By signing below, I authorize the Office of the Registrar at the University of Montana and Missoula College to rescind the restriction of my Directory Information. I acknowledge my directory information will again be available to the public at the discretion of the University of Montana and Missoula College, in compliance with federal and state laws.**

| Last Name | First Name  | Middle name |
| --- | --- | --- |
|   |  |  |
| Student Signature | UM-Id Number(790 -- ----) | DATE |
|  |  |  |

***Notary signature required if not signed in presence of University of Montana employee:***

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document was signed before me on ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***by ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* NOTARIAL SEAL***Printed name of signer*