

# Office of Student Assistance

## Request for Revocation of Opt-out of Directory Information



**Please complete this form if you previously completed a *Request to Opt-out of Directory Information* form and would now like to authorize the University to disclose some or all of your directory information to the public and to individuals who request it.**

Pursuant to the Federal Educational Rights and Privacy Act (FERPA), Pace University has designated the following student information as directory information: name; campus telephone number; campus address; University e-mail address; date of birth; college or school in which the student is enrolled; program and/or field of study; enrollment status, (e.g., undergraduate or graduate student, full-time, part-time, not enrolled, graduated); school attended immediately prior to enrolling at the University; dates of attendance; degrees and honors; awards received; the weight and height of members of athletic teams. Under FERPA, the University may release this information to the public or to anyone who requests it unless a student requests that the information not be disclosed.

You previously requested that the University not disclose some or all of your directory information. By marking the boxes below, you are authorizing the University to now disclose the selected items to the public and to other individuals who request it.

Please mark all items you authorize the University to disclose as directory information:

☐ All of my directory information

**OR**

☐ Name

☐ Campus telephone number

☐ Campus address

☐ University e-mail address

☐ Date of birth

☐ College or school in which you are enrolled

☐ Program and/or field of study

☐ Enrollment status (e.g., undergraduate or graduate student, full-time, part-time, not enrolled, graduated)

☐ School attended immediately prior to enrolling at the University

☐ Dates of attendance

☐ Degrees and honors

☐ Awards received

☐ Height and weight, if you are a member of an athletic team

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Student ID No.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Please forward this completed form to the Office of Student Assistance on any campus.**