

***Request to CANCEL THE RESTRICTION of  
Disclosure of Directory Information***



Please **CANCEL THE RESTRICTION** of the publication and release of Directory Information. *This restriction was entered based on my previously submitted Request to Prevent the Disclosure of Directory Information. This cancellation supercedes any other prior requests concerning the release and disclosure of directory information from my student record. Complete and return this request to the Office of the University Registrar, P.O. Box 5190, Kent State University, Kent, OH 44242-0001, or Room 108 Michael Schwartz Center or fax the request to 330-672-4836.*

\_\_\_\_\_  
(Print Student Name)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Banner Student ID Number\*)  
*\*Available from your General Student Record  
Information page in FlashFAST*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Daytime Phone – including area  
code)

\_\_\_\_\_  
(FlashLine User Name)

**Note: This cancellation will be effective within one business day of its submission and will remain in effect unless the Office of the University Registrar receives your subsequent *Request to Prevent the Disclosure of Directory Information*.**

If you have questions or concerns, contact the Office of the University Registrar at 330-672-3131.

Clerk Initials: _____ Date: _____
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