



OHIO
UNIVERSITY

Office of the
University Registrar

Chubb Hall
Athens OH 45701-2979

REQUEST TO END CONFIDENTIALITY STATUS

By signing this form I rescind my previous request for nondisclosure of directory/public information at Ohio University.

PRINTED FULL NAME _____

STUDENT IDENTIFICATION NUMBER (PID or SSN) _____

STUDENT'S SIGNATURE _____

DATE _____

Return form to: Office of the University Registrar
160 Chubb Hall
Athens OH 45701
Fax: 740-593-0216