



**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