



Request to Release Directory Information

I hereby rescind my previous Request to Withhold Directory Information. I understand that the following items are considered directory information and may be released:

- Name
- Address (all, including email)
- Telephone Number
- Date/Place of Birth
- Enrollment Status
- Class Standing
- Date(s) of Attendance
- Date of Graduation
- Degrees/Honors/Awards Received
- Major
- Most Recent Institution Attended
- Sports Participation
- Weight/Height of Student
- Athletes

To process this request you must present this form along with **photo identification** to the Office of the Registrar or mail this form along with a copy of photo id to the address listed below.

I have read this form carefully and understand the consequences of my decision to release my directory information.

I understand that all directory information listed above may be released freely.

Date: _____

Student Name: _____ **ID Number:** _____

E-mail Address: _____ **Signature:** _____

Please Return to:

Texas A&M University-Commerce
Office of the Registrar
P.O. Box 3011
Commerce, TX 75429

Fax: 903-886-5888
Phone: 903-886-
5068