

West Virginia University
RELEASE CONFIDENTIALITY
(Reinstate Directory Information)

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Student ID Number

Name (please print)

I hereby request the Office of the University Registrar to reinstate the release of my student directory information. Mail to:

Office of the University Registrar
PO Box 6878
Morgantown WV 26506-6878

Student Signature

Date

Notary Required

STATE OF _____,
COUNTY OF _____, to wit:

The foregoing instrument was acknowledged before me this _____ day of _____,
20__ by _____.

My commission expires: _____.