



**Cancellation Request for Restricting the
Release of Directory Information
Office of Records - Jones Student Center, Columbia State Community College
Ph: 931.540.2548 / Fax: 931.540.2830**

Name _____
(print name)

A# _____ Date _____

I request that my previous request for restricting the release of directory information be canceled immediately.

Student's Signature Date

Phone Number Cell Phone Email

cc: student