CANCELLATION REQUEST
FOR RESTRICTING THE RELEASE OF DIRECTORY INFORMATION

Records Office – Jones Student Center, Columbia State Community College
Phone: 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

Reference Columbia State Policy No. 03:06:00
Revised 3/19