

Common Confidentiality Flag Revocation Form



Submit to:
Office of Registrar & Records
900 N. Portland Ave, OKC, OK 73107
PH: 405.945.3291; FAX: 405.945.3277
records@osuokc.edu
www.osuokc.edu/ferpa

REVOCATION OF REQUEST TO WITHHOLD DIRECTORY INFORMATION **(CONFIDENTIALITY FLAG REVOCATION FORM)**

INSTRUCTIONS: Use this form to revoke your previous request from all institutions in the OSU A&M System (OSU-Stillwater, OSU-Tulsa, OSU-CHS, OSU-IT, OSU-OKC, OPSU, CSC, Langston, and NEO A&M) to withhold disclosure of your directory information to third parties. This revocation cannot be upheld by one institution at a time within the OSU A&M System, and will be upheld uniformly by all institutions. Submit this completed form to the office listed above in person with appropriate photo ID (a valid state or federal ID or student ID), or via email, fax or mail along with a legible copy of appropriate photo ID.

See the FERPA website referenced above for a list of items designated as “directory information” at this institution. The list may vary slightly by A&M System Institution.

REVOCATION OF DIRECTORY INFORMATION NON-DISCLOSURE: Understanding my privacy rights under FERPA, I revoke my previous request for non-disclosure of directory information at all institutions in the OSU A&M System. I understand that my directory information will be available in public directories and to third parties requesting such information.

NAME:

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

BANNER ID: _____

ONE OF THE FOLLOWING DOCUMENTS IS REQUIRED TO VERIFY YOUR IDENTITY (attach a legible copy if not submitting in person):

- Driver’s license (or other state-issued photo ID)
- Passport
- Military ID
- Student ID

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

BANNER SYSTEM IDENTIFICATION: STUDENT HR FINANCIAL AID FINANCE ACCOUNTS RECEIVABLE

Processed by: _____ Department: _____ Institution: _____ Date: _____