

# Request for Revocation of Non-Disclosure of Directory Information

**Registration and Records**  
800 Main Street, Pewaukee, WI 53072  
262.691.5280 (Phone)  
262.691.5123 (Fax)  
records@wctc.edu

Under the provisions of the Family Rights and Privacy Act (FERPA) I recognize my right to rescind the previously filed Non-Disclosure Form.

I hereby authorize the Office of the Registrar at Waukesha County Technical College (WCTC) to remove the non-disclosure block from my education record. Effective immediately, directory information may be released at the discretion of the college.

Date \_\_\_\_\_

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Last Name	First Name	Middle Name
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Student ID/Social Security # \_\_\_\_\_

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Student Signature \_\_\_\_\_

