

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 _____

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
|-----------|------------|-------------|

Student ID/Social Security # _____

Student Signature _____

