LITCALD	C() () F' ()		
myUTSA ID:	Student's First Name:	Last:	



Revoke Restriction of Student Directory Information Request

How to Subm	it Form: The completed form must b	e submitted via the Document	Uploader.		
STUDENT INFOR	RMATION WWW.WWW.WWW		uuuuuu		nununununununununun
First Name:	Middle	:	_ Last:		myUTSA ID:
SIGNATURE W					nnunununununununun
I am requesting t	hat the Office of the Registrar remove	the confidentiality code that is	on my studei	nt record.	
Signature:				Date:	
Telephone Numb	er:	_ Preferred Email Address: _			
are entitled to receive	s, you are entitled on your request to be inform and review this information. Under Section 55 ce with the procedures set forth in the Universi	9.004 of the Texas Government Code, y	ou are entitled to	have U.T. San Antonio correct info	552.023 of the Texas Government Code, you ormation about you that is held by us and that is
mmmmmm	Hamilium Faculty and/or state	ff, who are students, must m	ake this requ	uest through Human Reso	ources ::::::::::::::::::::::::::::::::::::
		UTSA OFFICE	USE ONLY:		
re:	Received By:	Process	ed By:		Form revised 04/14/21 • Page 1 of 1