



**University of Rio Grande  
Rio Grande Community College**

Office of the Registrar  
Florence Evans Hall  
Rio Grande OH 45674-0500

**REQUEST TO END CONFIDENTIALITY STATUS**

By signing this form, I rescind my previous request for nondisclosure of directory/public information at the University of Rio Grande and Rio Grande Community College

PRINTED FULL NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Return form to: Office of the Registrar  
Florence Evans Hall  
PO Box 500  
218 N. College Ave  
Rio Grande, OH 45674-0500

Fax: 740-245-7445  
Email: [records@rio.edu](mailto:records@rio.edu)