



Skyhawk Station

Skyhawk Station, Room 160
skyhawkstation@fortlewis.edu | 970-247-7301

CONFIDENTIALITY/STUDENT RECORD PRIVACY RESTRICTION REMOVAL REQUEST

I, _____, hereby request that the confidentiality restriction on my education record and directory information be removed. I understand that this authorized Fort Lewis College to release my directory information and student education record in accordance with normal College policy.

Student Name

Student ID # or
Last 4 Digits of SSN

Student Signature

Date

Office Use Only

Processed By _____ Date: _____