

Request for Revocation of Non-Disclosure of Directory Information

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

Form Processing: Return form to Ollie's Compass in person or email webreg@wctc.edu **through your official WCTC email account only**