



REMOVAL OF PRIVACY RESTRICTION

Please print and complete the form below. The form must include your signature in order to be processed.

Once the form is complete fax OR mail it to:

Ball State University
Registrar's Office
Muncie, IN 47306
Phone: (765) 285-1722
Fax: (765) 285-8765

The information below is required in order to process your privacy restriction removal.

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Middle)

Student ID: _____ OR SSN: _____

STUDENT SIGNATURE (Required): _____

Date: _____

I understand by submitting this form with my signature that I am authorizing Ball State University to remove the privacy restriction from my records.

If the Registrar's Office has questions on the submission of this form, please provide contact information:

Email address: _____

and/or

Contact phone number: _____