



**HARVARD UNIVERSITY
INFORMATION SECURITY OFFICE
REQUEST FOR REMOVAL OF FERPA BLOCK**

I, the undersigned, request that A.R.T. INSTITUTE FOR ADVANCED THEATER TRAINING remove the FERPA Block on my Directory Information.

Student's Full Name: _____

HUID: _____

Student's Local/Campus Address:

Student's Local/Campus Phone:

Student's Signature: _____

Today's Date: _____



Action Taken:

Date:

By:

Comments: