



SPRING ARBOR UNIVERSITY

If you wish to rescind the hold on your Directory Information,
complete this form and return to:

Office of Academic Registration and Records
Spring Arbor University
Spring Arbor, MI 49283

I am requesting that Spring Arbor University remove the hold on my directory information.

Signature _____ Date _____

Printed Name _____ ID# _____

Current Address _____

Phone Number _____ SS# _____

Last Date of Attendance at Spring Arbor University _____

Major _____ Degree Earned: Yes ____ No ____

Former name used as student, if applicable _____