

**Office Use Only:**

B: \_\_\_\_\_  
Admit Year: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Student ID Verified: \_\_\_\_\_

## **FERPA Revoke Authorization To Release Information To Third Party**

This form revokes your previous authorization to release information to a third party. Complete, sign and submit this form to the campus Admissions and Records Office.

- To change or add a designee, you must submit a "FERPA Authorization to Release Information" form.
- This form must be provided in person by the student, or must be accompanied by a legible photo ID.

### **Student Information**

\_\_\_\_\_  
Name (Last, First, Middle Initial) PLEASE PRINT LEGIBLY

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Current address (Street/PO, APT, City, State & Zip)

\_\_\_\_\_  
Daytime Phone

I am a \_\_\_\_\_ Current student - **OR** - \_\_\_\_\_ Former student / alumnus

### **Recipient of Authorized Disclosure (Third Party Designee)**

Please revoke all release privileges previously authorized to the following:

\_\_\_\_\_  
Name of Person (Last, First, Middle Initial) or Organization

\_\_\_\_\_  
Relation to student

### **Certification**

By signing below, I authorize EFSC to revoke all information disclosures from my education records to the person or organization above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date