



REVOCATION OF CONSENT

(Not valid until received by the University Registrar)

Name of Student (Print): _____

Student ID No.: _____

Date of Birth: _____

Last 4 digits of Social Security Number: _____

I, the undersigned, hereby revoke the consent granted in the *Consent to Release Educational Record Information* executed on _____
Date of Original Consent

Signature of Student

Date

FOR OFFICE USE ONLY

Date Revocation Received: _____

Acknowledged by: _____
Registrar