

## Revocation of Release of Student Records Form

*(Government issued ID or Edison Student ID required at time of signature. Signatures must be witnessed and dated by Student Affairs staff at time of submission.)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID# \_\_\_\_\_ Current Phone # \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, revoke my earlier consent to release of the records below to the following individual:

Name: \_\_\_\_\_

(Check those that apply; draw a line through those that do not apply)

- Academic Records
- Disciplinary/Conduct Records
- Financial Aid Records

I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of Student Affairs' actual receipt of the revocation

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use:	
I hereby do attest that I have verified the identity of the aforementioned individual.	
Signature: _____	Date: _____
<input type="checkbox"/> Original to Assistant Registrar	Processed by: _____ Date entered: _____
<input type="checkbox"/> Copy to Asst. Provost of Student Affairs	
<input type="checkbox"/> Copy to Financial Aid	