Revocation of Release of Student Records Form
(To be used from 06/01/14 through 05/31/15. 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.)

Student’s Last Name________________________________ First Name________________________________ M.I.____

Student ID# __________________________ Current Phone Number & Type____________________________

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

Name _____________________________________________

(Check those that apply; strikethrough those that do not.)

☐ 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 Edison Staff Use Only:

I hereby do attest that I have verified the identity of the aforementioned individual.

Name: ______________________________________ Date: __________________________

Routing: Original of revocation form to Assistant Registrar ( ); Copy of revocation form to: Vice President of Student Affairs ( ); Financial Aid ( )

Revised 11/2013