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.)

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 ( ) Entered __________________
Financial Aid ( )

Revised 06/09/17