

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 ()