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**FERPA: REVOKE STUDENT CONSENT TO RELEASE INFORMATION**

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This form revokes your previous authorization to release information to a third party. Complete, sign and

To change or add a designee, you must submit a Consent to Release Information form.

This form must be provided in person by the student, and must be accompanied by a legible photo ID.

\_\_\_\_\_  
Name (Last, First, Middle Initial) PLEASE PRINT LEGIBLY

\_\_\_\_\_  
910  
Student ID Number

\_\_\_\_\_  
Current Address (Street/PO, APT, City, State & Zip)

\_\_\_\_\_  
Daytime Phone

I am a \_\_\_\_\_ Current student **OR** - \_\_\_\_\_ Former student/alumnus

**Please REVOKE all release privileges previously authorized to the following:**

\_\_\_\_\_  
Name of Person (Last, First, Middle Initial) or Organization

\_\_\_\_\_  
Relation to Student

By signing below, I authorize the University of New England to revoke all information disclosures from my education records to the person or organization above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(font signature not accepted)