



INFORMATION RELEASE CANCELLATION FORM

List the names of individuals below to whom you no longer consent to have access to your student record. Check all boxes for the types of information to which the following individuals may no longer have access.

❖ **CANCELLATION OF RELEASE OF INFORMATION TO THIRD PARTIES:**

I wish to remove the Student Consent for Release of Information about my academic progress, financial status, and student behavior/code of conduct status from the parties listed below. The boxes checked below are the types of information that I no longer want released to each party.

1. Name: _____

Relationship: _____

Academic

Behavior/Conduct

Financial

2. Name: _____

Relationship: _____

Academic

Behavior/Conduct

Financial

3. Name: _____

Relationship: _____

Academic

Behavior/Conduct

Financial

I understand that this authorization will immediately cancel access for the listed parties and will remain in effect until a new Student Consent for Release of Information is provided by me, in writing, and delivered to the Enrollment Services Office.

Student Name (Print): _____ V#: _____

Student Signature: _____ Date: _____