



## Revocation of FERPA Consent to Release Student Information

*Please return this form to Enrollment Services at any campus.*

**Student Name:** \_\_\_\_\_ **Student S#:** \_\_\_\_\_

### Renovation of Authorized Release of Student Information

**Name/Organization:** \_\_\_\_\_

**Name/Organization:** \_\_\_\_\_

**Name/Organization:** \_\_\_\_\_

**Name/Organization:** \_\_\_\_\_

**Name/Organization:** \_\_\_\_\_

**Student Initial:** \_\_\_\_\_ I hereby revoke the authorization to release to the indicated information to the designated person(s) or receiving party shown above. This revocation will remain in effect until I complete a new FERPA Student Consent Form. I acknowledge that the designated person(s) or receiving party shown above will no longer have access to information on my academic record.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: Student must present a valid phot ID and sign this form in the presence of an official PPCC employee or a Notary*

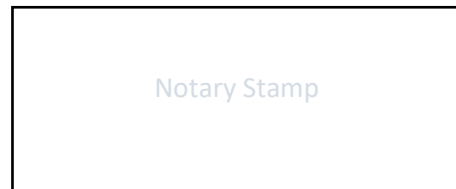
County & State of: \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



**PPCC official signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_