



FERPA RELEASE REVOCATION FORM

Student Name: _____		
Last	First	Middle
Address: _____		
Street		

City	State	Zip Code
Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Student ID: F <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Month	Day
		Year

I understand that any disclosure of education records made by Fairmont State University prior to the receipt of this document is not affected by this revocation. I acknowledge that this form will not be considered valid until a student photo ID is provided to and verified by the faculty or staff member receiving this request. I further understand that this revocation must be signed by me and that I must deliver it to the appropriate Fairmont State University Official or Office. **Therefore, I expressly revoke the FERPA Release previously submitted to the following offices for the following recipients:**

FSU Official or Office: _____

Recipient: _____

STUDENT SIGNATURE

DATE

FACUTLY/STAFF-

Student Photo ID checked: Yes No

Initials: _____