Student Revocation of Information Release Authorization

This form revokes the Student One-Time Information Release Authorization or Student Standing Information Release Authorization you previously submitted for the third party designee you name on this form.

A. Student Information

________________________________________
NAME (LAST, FIRST, MIDDLE)

________________________________________
CURRENT ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP)

________________________________________
TELEPHONE NUMBER

________________________________________
EMAIL

B. Third-party Designee

________________________________________
NAME (LAST, FIRST, MIDDLE)

________________________________________
CURRENT ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP)

________________________________________
TELEPHONE NUMBER

________________________________________
EMAIL
C. Certification

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<th>STUDENT SIGNATURE</th>
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<th>SIGNATURE OF RECEIVING COLLEGE OFFICIAL</th>
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