

**Family Educational Rights and Privacy Act**

**REVOCATION FORM**

Please print:

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Phone:    -    -    ext.

Student ID:           Date of Birth:   -   -      
Month Day Year

I understand that any disclosure of information made by WVU prior to receipt of this document is not affected by my revocation. I further understand that this revocation must be signed and delivered to the appropriate office. **Therefore, I, the undersigned, expressly revoke all FERPA Releases previously submitted to the following office(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Student MUST Show Picture Identification When Submitting**

**For WVU Use Only:**

Received by \_\_\_\_\_ Date \_\_\_\_\_  
Type of Picture ID \_\_\_\_\_