

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

STATE OF _____,
COUNTY OF _____, to wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

My commission expires: _____
Notary Public Signature

**This Form is NOT Valid Without Both
the Student Signature and the Notary Signature**

For WVU Use Only:

Received by _____ Date _____