



REVOCATION OF AUTHORIZATION FOR THIRD PARTY ACCESS

Students use this form to revoke previous consent allowing third parties access to their education records.

STUDENT'S NAME: _____, _____
LAST FIRST MIDDLE MAIDEN/OTHER

PANTHER #: _____ - _____ - _____ DAYTIME PHONE #: _____ - _____ - _____

DATE OF BIRTH: ____/____/____ LAST 4 DIGITS OF S.S.N.: ____ - ____ - ____ - ____

I hereby revoke my consent to the release of my Georgia State University educational records and information, previously given to the following persons, for the department listed below.

1. _____
LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP TO STUDENT

2. _____
LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP TO STUDENT

Please list the department below that revocation applies to.

DEPARTMENT: _____

Student's Signature

Date

PLEASE NOTE: PROCESSING TIME FOR THIS FORM MAY VARY DEPENDING ON THE DEPARTMENT.

*****Submit this form to the Department listed above*****

Internal Use ONLY: In Person Fax

Received Date: _____ Staff Unit and Initials _____

Processed Date: _____ Staff Unit and Initials _____