

REVOKE ACCESS to STUDENT RECORDS (REVOKE FERPA WAIVER)

 Student's First Name and Last Name (Print, Please)

 FSW ID Number

This form serves as a signed revocation of consent for FSW to release educational records to individuals or "third parties" identified below. You may use one (1) form to revoke access for up to two (2) individuals or third parties. If you wish to reinstate a certain individual's or third party's authorization, you will need to complete a new FERPA Waiver Request form.

By signing this revocation, I am reinstating my rights of nondisclosure of my student records under FERPA to the individuals specifically listed below. I understand this executed FERPA Revocation form will be in effect and retained in my student records from the date indicated below until I notify FSW of a change by filling out another FERPA Waiver Request form.

I, the undersigned, hereby revoke the authorization for FSW to release my records to the designated individual(s) listed here:

DESIGNATED THIRD PARTY 1: ACCESS REVOKED
LEGAL NAME:
RELATION to STUDENT:

DESIGNATED THIRD PARTY 2: ACCESS REVOKED
LEGAL NAME:
RELATION to STUDENT:

 Student's Signature

 Date

FOR OFFICE USE ONLY



Student's
ID Checked.

 Received and Processed by:

 Date Processed