



**Admissions & Financial Aid Office**  
**PO Box 496006, Redding, CA 96049-6006**  
**Phone: (530) 242-7650**

## Release of Information - Revoked

Staff Use Only	
<input type="checkbox"/> Photo ID	<input type="checkbox"/> Processed by: _____
<input type="checkbox"/> STRK	<input type="checkbox"/> Date: _____

This Form revokes your previous authorization to release information to a third party. Complete, sign, and submit this form to the Admissions & Financial Aid Office.

### Student Information - Required:

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Financial Aid Revoke Release of Information

Please revoke all Financial Aid release privileges previously authorized to the person/organization listed below.

#### Educational Record Revoke Release of Information

Please revoke all Educational Record release privileges previously authorized to the person/organization listed below.

Name of authorized person	Relationship
_____	_____
_____	_____
_____	_____

### Reason for revoking authorization

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Certification

By signing below, I hereby revoke the authorization previously granted to the person(s) or organization(s) listed above. If the individual attempts to access my records, I understand and agree to Admissions & Records / Financial Aid Office to notify the individual that their release has been revoked.

\_\_\_\_\_

Student Signature Date