

# St. Augustine College

Office of Academic and Student Affairs

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## REVOKING OF CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my consent is required for the release of personally identifiable information from my education records.

I acknowledge by my signature below that I am revoking my consent for this protected information to be released to the following party/ies.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student ID

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

\_\_\_\_\_  
Date