AUTHORIZATION TO REVOKE RELEASE OF EDUCATION RECORD INFORMATION



If you are planning to revoke FERPA authorization from an individual then you must complete a form for each party to whom you revoke access. Click here for more information about FERPA.

## A. Requested by Student:

Name:	Last	First	MI	@ Student ID No.	
Address:					
	Street	City		State	Zip Code
Telephone:		* Email: * HPU designated email for	@my.hpu.edu conducting official University b	Date of Birth: usiness	
B. Revocation of Consent: I hereby revoke all consent granted to the individual listed below:					
Name:	Last	First		Relation to Stu	udent
	Student's Signature (Digit	al signatures not accepted)		Date	
Registrar 09/28/23  FOR OFFICE USE ONLY:   SOAHOLDSPACMNT   INITIALSDATE   AUDITDATE			500 Ala Moar	Release form must be dropped off at the Hawai'i Pacific University Registrar's Office: 500 Ala Moana Blvd, Suite 5A, Honolulu, HI 96813 Phone: (808) 544-0239 If unable to come to the office, please email release form to <u>registrar@hpu.edu.</u> Requests must come from my.hpu.edu email address.	