



UNIVERSITY OF NEW ENGLAND  
 Student Success  
 University Registrar

University Registrar's Office  
[uneregistrar@une.edu](mailto:uneregistrar@une.edu)

Student Financial Services  
[sfs@une.edu](mailto:sfs@une.edu)

**FERPA: REVOKE STUDENT CONSENT TO RELEASE INFORMATION**

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This form revokes your previous authorization to release information to a third party. Complete, sign and submit this form to the University Registrar's Office.

- To change or add a designee, you must submit a Consent to Release Information form.
- This form must be provided in person by the student, and must be accompanied by a legible photo ID.

\_\_\_\_\_  
 Name (Last, First, Middle Initial) PLEASE PRINT LEGIBLY

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

\_\_\_\_\_  
 Current Address (Street/PO, APT, City, State & Zip)

\_\_\_\_\_  
 Daytime Phone

I am a \_\_\_\_\_ Current student – **OR** - \_\_\_\_\_ Former student/alumnus

**Please REVOKE all release privileges previously authorized to the following:**

\_\_\_\_\_  
 Name of Person (Last, First, Middle Initial) or Organization

\_\_\_\_\_  
 Relation to Student

By signing below, I authorize the University of New England to revoke all information disclosures from my education records to the person or organization above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (font signature not accepted)