

Columbia College Chicago
Office of the Registrar

Revoke of Authorization to Release Academic or Financial Records

Name (Print) _____

Student ID # _____

I hereby request that any previous forms indicating authorization to release academic or financial records be officially revoked. All parties indicated on my previous form(s) should no longer have access to any of my personally identifiable information.

Signature _____

Date _____

If you wish to reinstate this access or authorize the release of your information to other parties, please complete a new FERPA release authorization form on the Office of the Registrar website.