



9900421

Revocation of Consent for Release of Student Information

This Revocation of Consent for Release of Student Information Form notifies Gateway Technical College in writing of your decision to revoke a prior Consent for Release of Student Information Form issued to a third party.

Student Name (*print*) _____

Student ID # _____

I hereby revoke all release of information privileges to _____
Print Name of Third Party

Effective Date: _____

STUDENT SIGNATURE: _____ DATE: _____