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this request is permanent and will remain in effect until I request in writing that

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Student Signature: _____ Date: _____

Revocation of the Release of Education Records

I acknowledge that by signature below, I no longer waive my rights under FERPA and release any student education records to those individuals identified on this document. I wish to grant a

