



CANCELLATION OF PREVIOUS CONSENT TO RELEASE

Registrar's Office
4004 N. Webb Rd, Bldg. 100
Wichita, KS 67226

Phone: (316) 677-9400 Fax: (316) 462-5990
E-mail: registrarsoffice@wsutech.edu

In compliance with the Federal Family Education Rights and Privacy Act of 1974, WSU Tech is prohibited from providing non-directory information from your student records to a third party. You may, at your discretion, grant WSU Tech permission to release information about your student records to a third party by submitting a completed Student Consent to Release Education Records authorization.

By completing this form, you are cancelling a previous consent you signed to allow a third party access to your educational records. You are requesting non-directory information no longer be released to the specified party. Once you have chosen to revoke your previous consent, this request will remain in effect until you submit a signed consent to release authorization allowing the party access to your educational records.

Please Note: This cancellation of release does not prevent WSU Tech from disclosing personally identifiable information from a student's record to authorized representatives of federal, state and local agencies when the disclosure is in connection with financial aid for which the student has applied or which the student has received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

Submit this completed form to the Registrar's Office at one of the campus locations above. You must show a valid government issued photo ID when submitting this form. Student must submit this cancellation request and sign and date the previous consent submitted indicating its cancellation.

I, _____, as of _____ revoke the
Student First & Last Name (print) Today's Date (print)

previous consent for _____ to have access to any/all of my
Third Party Name (print)

WSU Tech educational records/information. Effective immediately, non-directory information is not to be released to said party above.

Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Student's Signature

Date

OFFICE USE ONLY

To be filled out by Registrar's Office Representative:

Extender - Previous Consent Cancelled

SPACMNT comment

Date form received

Registrar's Office Personnel Signature