



ANTIOCH
COLLEGE

Student Revocation of Information Release Authorization

This form revokes the *Student One-Time Information Release Authorization* or *Student Standing Information Release Authorization* you previously submitted for the third party designee you name on this form.

A. Student Information

NAME (LAST, FIRST, MIDDLE)

CURRENT ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP)

TELEPHONE NUMBER

EMAIL

B. Third-party Designee

NAME (LAST, FIRST, MIDDLE)

CURRENT ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP)

TELEPHONE NUMBER

EMAIL

C. Certification

STUDENT SIGNATURE

DATE

SIGNATURE OF RECEIVING COLLEGE OFFICIAL

DATE