



# FERPA REVOCATION FORM

(RO-03/22)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

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\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
GSU Student ID #

The Family Educational Rights and Privacy Act (FERPA) ensures the confidentiality of student records, permits students access to their records and prohibits the release of records except by permission of the student or by court order, while permitting the continued release of directory information without specific permission from the student.

**I understand** that any disclosure of information made by Glenville State University prior to receipt of this document is not affected by my revocation. I understand that this revocation must be signed and submitted to the Registrar's Office.

***I request to remove the following individuals from my FERPA***

***Name(s):*** \_\_\_\_\_

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***OR***

***I request to revoke my FERPA releases previously submitted and on file with the Registrar's Office.***

By signing below, I am officially requesting Glenville State University to revoke the FERPA release previously submitted or adjust the FERPA release as requested above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_