



UNIVERSITY OF ST. THOMAS
OFFICE OF THE REGISTRAR

Student Revocation of Access

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UST Student ID Number

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Last 4 of Social Security Number

Please Print Clearly

Name _____

First

Middle

Last

Date of Birth (MM/DD/YYYY) _____

Phone # _____

Understanding my privacy rights under FERPA as indicated on the Registrar's web page at http://www.stthom.edu/Offices_Services/Offices/Office_of_the_Registrar/FERPA/Index.aqf, I revoke access previously given to the following individual(s) relative to information contained in my education records. I understand that the following individuals will no longer have access to view my records.

Name of Individual

Relationship

Name of Individual

Relationship

Name of Individual

Relationship

Student Signature

Date

Registrar's Office Use Only:	Processed by: _____	Date: _____
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**** FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE FOR PROCESSING ****