

Registrar's Office 447 College Drive • Sylva, NC 28779 registrar@southwesterncc.edu • 828-339-4219

## **REVOCATION OF PRIOR INFORMATION RELEASE REQUEST**

The purpose of this form is to make changes to any previous release of information requests. Use this form if you have previously submitted a form to:

- a. authorize the release of protected information to a third party and wish to revoke that release or
- b. prohibit the release of directory information and wish to revoke that prohibition

Upon completion of this form, please submit it to the Registrar's Office in person, by mail or by email.

Student Information:	
Name (Last, First Middle)	Student SCC ID#
Mailing Address (Street/PO Box, City, State, ZIP)	Telephone Number
Action (Select One):	
·	NFORMATION: I hereby request that Southwestern Communit oblibit the release of my directory information. I understand y information as publicinformation.
REVOKE THE RELEASE OF INFORMATION TO A 3RD I revoke the previous request to release protected in Name:	
Certification:	
Signature of Student	Date