Revocation of Authorization to Access Educational Record

WARRIOR ID: __________________________

I, __________________________, hereby revoke authorization to access my educational records to the following individual(s) listed on the Authorization to Access Educational Record Informed Consent Form on file with Winona State University.

☑ ALL INDIVIDUALS LISTED ON THE AUTHORIZATION

OR

Individual Name to be Removed          Please Initial
1. ___________________________________________      ___
2. ___________________________________________      ___
3. ___________________________________________      ___

Purpose to be removed

☑ ALL PURPOSES LISTED ON THE AUTHORIZATION

OR

1. ___________________________________________      ___
2. ___________________________________________      ___

Please endorse this revocation below and send or deliver the signed request to:

Warrior Hub
Maxwell Hall 209
Winona State University
P.O. Box 5838
Winona, MN  55987

Signature: _______________________________   Date: ____________________