

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: _____