

Revoke of Authorization to Release Academic or Financial Records

Name (Print) _____

MyColumbia ID # _____

I hereby request that any previous forms indicating authorization to release academic or financial records be officially revoked. All parties indicated on my previous form(s) should no longer have access to any of my personally identifiable information.

Signature _____

Date _____

If you wish to reinstate this access or authorize the release of your information to other parties, please complete a new FERPA release authorization form in the Resource Center of the Columbia Central website.

Please read our document policy at www.colum.edu/docpolicy. The preferred method to submit this completed form and all requested documentation is electronically. If you submit this *in paper form*, use one of the following methods:

Electronic Document Submission:
www.colum.edu/documentsubmission to upload documents electronically

Fax: 312-369-8436

Mail:
Columbia College Chicago
Columbia Central
600 S. Michigan, Suite 303
Chicago, IL 60605

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