

Imaging ID: _____

(For Office Use Only)



FERPA CANCELLATION NOTICE

Name: _____

Student ID: _____

I understand that by signing below, I am cancelling all FERPA Release Authorizations that I have previously submitted to WVNCC. I also understand that WVNCC will not disclose information from my education records to parents or other third parties unless the College has written permission to do so on file.

Student Signature

Date