

Point University

FERPA REVOKE FORM

I, _____, request that Point University revoke my previous request to release my education record (includes financial aid, student account activity, grades, discipline, extra curricular activities) to the person(s) listed below.

Name: _____ Relationship: _____

Address: _____ City, State, ZIP: _____

Name: _____ Relationship: _____

Address: _____ City, State, ZIP: _____

I understand that by signing this authorization, I am reclaiming my rights of nondisclosure of my educational records under federal law.

Student Signature: _____ Date: _____

FERPA Revoke Form 9/26/2024

*Please print this form, sign it and return it to the Office of the Registrar, Point University,
507 West 10th Street, West Point, GA 31833.*