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| **Institutional Review Board (IRB)** |  | **IRB Form 7.2** Revocation of Access to Non-Directory Information |

**Note:** The University of North Georgia complies with the Family Educational Rights and Privacy Act of 1974 (FERPA) by requiring written consent from students (or their legal guardians if they are a minor) for any non-directory information from their records to be released. FERPA mandate also allows this access to be restricted. Please complete the form if you wish to revoke existing access to my student information.

**IMPORTANT:** Students **MUST PRIVIDE A PHOTO ID** when submitting this form in-person, or a copy of a photo ID when submitting it by mail, fax or email.

1. **Student Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Student ID:** |  |
|  |
| **Email:** |  |  |
|  |
| **Phone:** |  |  |

1. **Change in Release Conditions**

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| --- | --- | --- |
|  |  | I wish to revoke the current release of my student information I have on record for the following persons/institutions. |
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|  |  |  |
|  |  | Name/s of Person/s: |  |
|  |  | Name of Institution/s: |  |
|  |  |  |
|  | Reason for Revocation:  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  | FERPA password (required)\*:  |  |  |  |
|  |  |  |  |  |

1. **Student Consent**

I understand that the information specified on this form revokes access to the third party/parties. I agree that by signing this form the University of North Georgia is released from all legal responsibility or liability for this release.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature:**  |  | **Date:** |  |

**The University of North Georgia is required to keep original signed consent forms.**

**Students are advised to keep a copy of this form with their records.**

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|  |
|  **For Official Use Only** | **Name:** |  | **Date:** |  |  |
|  |
|  | **Note:** By signing this you are confirming that you have verified photo ID.  |  |
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