800 Mickelson Drive
Rapid City, SD 57703-4018
605-718-2400 Fax: 605-394-2204
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FERPA Revocation of Reference Authorization

Student's Name: _____ Student ID#:_____

The Family Educational Rights and Privacy Act of 1974 (FERPA) permits an individual to revoke authorization to release information needed to provide references.

By signing this form, I am revoking the permission for the following person, _____, to provide an oral or written evaluation of any aspects of my academic performance, including classroom and/or lab performance, attendance, and attitude, as well as job-related criteria such as team work, productivity, and ability to work independently, or on my education records at Western Dakota Tech, and to release information from my education records, including grades, GPA, class rank, disciplinary actions, any information pertaining to my education at other institutions I have previously attended which is part of my education records at WDT, and any other personally identifiable information whether or not contained in my education records.

I understand this revocation shall not affect disclosures made by staff of Western Dakota Tech who were authorized prior to the receipt of this revocation

Student's Signature: _____ Date: _____

Received by: _____
Initials Date

FERPA Permissions Updated by: _____
Initials Date

Original: Registrar's Office Copy: WDT Personnel Named Above Copy: Student