



# Revocation of Authorized Release of Information

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Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Revocation of Authorized Release of Information: (Organization / Person):	
Name/Organization:	
Name/Organization:	
Name/Organization:	

### Student Certification:

I hereby revoke the authorization to release the indicated information to the designated person(s) or receiving party shown above. This revocation will remain in effect until I complete a new Authorized Release of Information Form. I acknowledge by my signature that the designated person(s) or receiving party shown above will no longer have access to information on my academic record.

Student Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Student must present a valid photo ID and sign this form in the presence of an ACC employee or Notary.**

County & State of \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_ day of \_\_\_\_\_

My Commission expires \_\_\_\_\_

Notary Signature \_\_\_\_\_



Signature of ACC Staff: \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_