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OFFICE OF STUDENT FINANCIAL AID
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INFORMATION RESCIND FORM

The financial and non-directory information maintained by Emporia State University is confidential and protected by the Family Educational Rights & Privacy Act (FERPA), 20 U.S.C. 1232(g); 34CFR part 99. The University cannot release certain information to a third party without your written consent. This form will allow the Office of Student Financial Aid and Scholarships to rescind your prior information release form and will not release certain information to a third party without submission of a new information release form.

Student Name (Please Print)

Student ID#

I understand that by signing this form, I am allowing the Office of Student Financial Aid and Scholarships to void any prior information release forms I had previously submitted.

Student Signature

Witness

Date

Date

THIS FORM MUST BE NOTARIZED IF NOT SIGNED IN PERSON

State: _____

County: _____

On this _____ day of _____, 20____, _____ personally appeared before me,

- who is personally known to me to be the signer of the above instrument.
- whose identity I proved on the basis of _____ to be the signer of the above instrument.

Notary Public: _____

Residing at: _____

My commission expires: _____