

EMPORIA STATE UNIVERSITY

FINANCIAL AID, SCHOLARSHIPS & VETERANS SERVICES

Information Rescind Form

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801
Phone: (620) 341-5457 or 1-800-896-0567
Fax: (620) 341-6088
finaid@emporia.edu

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 Financial Aid, Scholarships, & Veterans Services 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 Financial Aid, Scholarships, & Veterans Services 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: _____