



Asheville-Buncombe Technical Community College
K. Ray Bailey Student Services Building
340 Victoria Road
Asheville, NC 28801
(828) 398-7900

Withdrawal of Previous Release of Information

Student ID#: ___/___/___/___/___/___/___ Student Name: _____

By signing below, I hereby request all previous authorizations allowing A-B Tech to release information to third parties be suspended until further notice. Information related to my student record, with the exception of directory information as defined by FERPA, is to be released solely to me, the student.

Student Signature

Date

Office Use Only

1. Check photo ID (required; form must be submitted by student)
2. Scan to Applications/4 Privacy
3. Add electronic "Info Release Rescinded" stamp to original Release of Information form