

GREEN BAY PUBLIC SCHOOL DISTRICT

REQUEST TO REVOKE:



**Green Bay Area
Public School District**
Engagement. Equity. Excellence.

- Request for Residency and Educational Guardianship
- Rights to Records
- Rights to Make Educational Decisions
- Parental Consent - Group Home
- Parental Consent - Foster Care
- Authorization to Release Records and Exchange Information

The Green Bay Area Public School District permits a Parent/Legal Guardian to revoke a Request for Residency and Educational Guardianship, and authorizations granted by Rights to Records, Rights to Make Educational Decisions, Parental Consent - Group Home, Parental Consent - Foster Care, and Authorization to Release Records and Exchange Information.

Please return this form **ONLY** if you want to **REVOKE** an authorization you have placed on file with the District. Your revocation will be valid upon receipt of this form by the District. The form can be returned to your Student's school or Central Registration. For questions please call Central Registration at (920) 448-2001.

Student Name	Student Date of Birth	Current School of Attendance

I am the individual who previously requested Residency and Educational Guardianship or granted Rights to Records, Rights to Make Educational Decisions, Consent for Group Home, Consent for Foster Care or Authorization to Release Records and Exchange Information for my student. I now revoke the permissions granted in the Residency and Educational Guardianship, Rights to Records, Rights to Make Educational Decisions, Consent for Group Home, Consent for Foster Care, or Authorization to Release Records and Exchange Information by rescinding the following authorization(s):

Choose all that apply.

	Request for Residency and Educational Guardianship	Revoke the Request for Residency and Educational Guardianship granted to: _____
	Rights to Records	Revoke the Rights to Records granted to: _____
	Rights to Make Educational Decisions	Revoke the Rights to Make Educational Decisions granted to: _____
	Parental Consent - Group Home	Revoke the Parental Consent - Group Home granted to: _____
	Parental Consent - Foster Care	Revoke the Parental Consent - Foster Care granted to: _____
	Authorization to Release Records and Exchange Information	Revoke the Authorization to Release Records and Exchange Information granted to: _____

By signing this Request Form, I confirm that I am the Adult Student or Parent/Legal Guardian of the Student listed above.

Signature of Parent/Legal Guardian/Adult Student
Printed Name: _____

Date: _____

For School/Central Registration Use:

Received By: _____ Date: _____

IC Flag Updated: Yes No