



# Section 3 Cancellation of Consent

I hereby cancel my consent to release personal information relating to my student financial assistance file with regard to the persons specified below.

My father (or sponsor)

Last name

Date of birth

|   |   |   |
|---|---|---|
| Y | M | D |
|---|---|---|

First name

My mother (or sponsor)

Last name

Date of birth

|   |   |   |
|---|---|---|
| Y | M | D |
|---|---|---|

First name

My spouse

Last name

Date of birth

|   |   |   |
|---|---|---|
| Y | M | D |
|---|---|---|

First name

Date

|   |   |   |
|---|---|---|
| Y | M | D |
|---|---|---|

Signature X \_\_\_\_\_