ACADEMIC INFORMATION RESTRICTION

- Complete this form to revoke parent/guardian access to your educational records.
- Forms submitted without a student signature will not be processed.
- This request will remain in effect until you re-file an Academic Information Release form.
- Parent(s)/guardian(s) may still obtain access to their dependent student’s educational records by providing a signed release with a copy of the most recent year’s income tax statement noting the dependency status of the student.

Student Name (please print LEGIBLY): __________________________________________

Student ID: ...........................................................................................................

Student Signature: ___________________________________ Date: ________________

*Forms submitted without student signature will NOT be processed.*

I would like to revoke access to my educational records for the following:

**Parent/legal guardian:**
__________________________________________
Relationship: ____________________________

**Parent/legal guardian:**
__________________________________________
Relationship: ____________________________

St. Lawrence University
Office of the Registrar, Vilas 117
23 Romoda Drive
Canton, NY 13617