

## GREEN BAY PUBLIC SCHOOL DISTRICT REQUEST TO REVOKE:

- Request for Residency and Educational Guardianship
- Rights to Records
- Rights to Make Educational Decisions
- Parent Portal Access
- Parental Consent - Out of Home Placements
- Authorization to Release Records and Exchange Information



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

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 – Out of Home Placements, 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.

<input type="checkbox"/>	<b>Request for Residency and Educational Guardianship</b>	Revoke the Request for Residency and Educational Guardianship granted to: _____
<input type="checkbox"/>	<b>Rights to Records</b>	Revoke the Rights to Records granted to: _____
<input type="checkbox"/>	<b>Rights to Make Educational Decisions</b>	Revoke the Rights to Make Educational Decisions granted to: _____
<input type="checkbox"/>	<b>Parent Portal Access</b>	Revoke Parent Portal access granted to: _____
<input type="checkbox"/>	<b>Parental Consent - Out of Home Placements</b>	Revoke the Parental Consent - Out of Home Placements granted to: _____
<input type="checkbox"/>	<b>Authorization to Release Records and Exchange Information</b>	Revoke the Authorization to Release Records and Exchange Information granted to: _____
<input type="checkbox"/>	<b>Other</b>	Revoke: _____

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