

REVOCATION OF CONSENT TO RELEASE ACADEMIC RECORDS

This form serves as a revocation of consent and authorisation for the Barbados Institute of Management and Productivity (BIMAP) to release information to the previously authorised third parties.

Student Name:		Student NRN/ID:	
	(PLEASE PRINT)		
I, the above-named student, or former student, hereby revoke my consent and authorisation to release the following academic records:			
Check all that apply			
	Grades and/or Transcripts		Class Timetable
	Enrollment Status (Registration and Attendance Records etc.)	Othe	er
	Academic Progress		
Student's Signature Date			
PLEASE RETURN THIS COMPLETED FORM TO THE STUDENT AFFAIRS OFFICE			
Student Affairs BIMAP Drive,			
Wildey, St. Michael			
e-Mail: <u>studentaffairs@bimapbb.com</u>			