# The College of New Jersey

**Office of Records & Registration**
**P.O. Box 7718, Ewing, NJ 08628-0718**
**609-771-2141**

## AUTHORIZATION TO DISCLOSE EDUCATION INFORMATION

| NAME: Last First M.I. | ID #: ☐☐☐☐☐☐☐ (6 digit PAWS ID) |
|---|---|
| PHONE: EMAIL: | MAJOR: |
| ADDRESS: Street City State Zip | |

*The student record policy of The College of New Jersey conforms to the Family Educational Rights and Privacy Act of 1974, as amended ("FERPA"). Copies of this law may be found in the Office of records and registration. This policy gives a student the right to inspect his or her educational record within a reasonable length of time, to ask for interpretations, and to request that any inaccuracies be corrected.*

In accordance with FERPA, the College may disclose information from the education records of a student provided the College has on file written consent from the student. **This authorization is used in incidents requiring singular limited access only.**

**By signing below, I give consent for the College to disclose my educational records to the below named authorized recipient:**

Nature of Record: Disciplinary ☐ Academic Transcript ☐

Other ☐ (describe) _____

List the date, if any, when this authorization expires: _____

Name of Authorized Recipient (Person or Organization): _____

Authorized Recipient Address/Phone: _____

_____

The College will keep this form on file with the education records disclosed and in accordance with the applicable record retention policy for those records.

Signature: _____ Date: _____