

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 #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (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"). More information can be found at

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 form is only used in incidents requiring singular limited authorization to release education records to an individual authorized recipient.**

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: _____