

The College of New Jersey  
Office of Records and Registration  
P.O. Box 7718, Ewing, NJ 08628-0718  
Phone: (609)771-2141 Fax: (609)637-5184

**AUTHORIZATION TO DISCLOSE EDUCATION INFORMATION**

Last Name:  First Name:  MI:  PAWS ID:

Phone:  TCNJ E-Mail:  Major

\_\_\_\_\_  
Address City State Zip Code

*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 records:  Disciplinary  Academic Transcript  Other (please specify)

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

Name of the Authorized Recipient (Person or Organization):

Please indicate the address and the phone number of the recipient:

Phone Number   
Address

City State Zip Code

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.

Student Signature: \_\_\_\_\_

Date