



Office of Financial Aid

FERPA RELEASE FORM

I, _____, hereby authorize _____
(Student name) (Name of office or entity which is custodian of record)
to disclose, make accessible, and furnish the following information

- Official Transcript
- Financial Aid record(s)
- Judicial Affairs File(s) – College or University
- Student Accounts Information
- Deans’ Office File(s)
- Residence Life File(s)
- Other: - Description _____
- All of my records**

to _____ . These records will be used for the
(Name of person or entity to whom records are to be released)

purpose of _____

This release shall be effective until _____ unless revoked by me
(Date)
in writing.

(Student ID Number) (Student Signature) (date)

NOTARY PUBLIC:

State of New Jersey, County: _____

The Foregoing “Release Form” was acknowledged before me by _____

This _____ day of _____ . _____

Witness my hand and Official Seal: _____

My Commission expires on: _____