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: ______________________