



Student Records Release Form

I, _____, hereby authorize _____ to
(print student's name) (name of office or department which is custodian of record)

disclose, make accessible, and furnish the following information:

- Official Transcript
- Financial Aid Record(s)
- Judicial Affairs File(s)
- Student Accounts Information
- Dean's Office File(s)
- Residence Life File(s)
- Other _____
- All of My Records**

to _____ at
(name of person or entity to whom records are to be released)

(address)

These records will be used for the purpose of _____.

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

(signature) (date)

(student ID number)

State of New Jersey, County of _____

The foregoing "Release Form" was acknowledged before me by _____

this _____ day of _____, _____.

Witness my hand and official seal: _____

My commission expires on _____.