

FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) is a federal law that gives students various rights with respect to their educational records. Under FERPA you have the right to inspect and review your educational records, the right to request amendment of records you believe are inaccurate or misleading, and the right to prevent disclosure of information from your educational records without your prior consent, subject to some specific exceptions. If you wish to authorize the release of records held by any of the departments listed below, please complete this form and return to the address listed for your specific campus. Notaries are available on each campus at the Office of the Registrar.

I,		, hereby au	thorize Rutg	ers University to disclos	se the followin	g records upon request:	
/	(Student's Name)		C	, and the second			
	Academic Transcript						
\vdash	Financial Aid Record(s)						
H	Judicial Affairs File(s) (college or University)						
	Deans of Students Office File(s)						
	Student Accounts Information						
	Payment of Term Bill						
	Refunds						
	Financial aid applied to your account						
	Account Balance Information						
	Other:						
Residence Life File(s) Other- Excluding Student Health (Description of Department): <u>name</u> , <u>email</u> , <u>address</u> , <u>phone</u> , <u>and home institution</u>							
X OF	Other- Excluding Student He	ealth (Description of De	epartment): _	name, email, address	, phone, and	home institution	
OR:	All Cal 1		NIH - Reseau	ch Triangle Park, NC			
	All of the above records		SOT - Restor	•			
to Fund	ing Agencies (NIH, SOT, ASI			hesda, MA			
10 1111	To whom records are to be released			Address)			
These records will be used for the purpose of: Long-term follow-up and program assessment (i.e., parental notification, letters of recommendation, employment inquiries, etc.)							
		(i.e., par	rental notification	n, letters of recommendation,	, employment inqu	iries, etc.)	
This rela	ease shall be effective until	Aug 31 2025	unless re	voked in writing by me			
Tims for		(Date)	unicss re	voked in writing by me	•		
		/			/		
	(Signature)		(Student ID#	*)	(Da	te)	
NOTAI	RY PUBLIC:						
State of		, County of					
The fore	egoing release form was ackno	owledged before me by	/				
this		day of		,	•		
Witness	my hand and official seal:						
witness	my nand and official seal:						
Mv com	mission expires on:						
J	r						
		Camden Campus				RBHS	
	the Registrar ative Services Building	Office of the Registrar Armitage Hall		Office of the Registrar 249 University Avenue		Office of the Registrar 55 Bergen Street	
	on Rd, 200L	311 North 5 th Street		Blumenthal Hall		Suite 1441	
	y, NJ 08854-8096	Camden, NJ 08102-1499		Newark, NJ07102-9286		Newark, NJ 07101	
Phone: Fax:	848-445-2738 732-445-5948	Phone: 856-225-6053 Fax: 856-225-6453		Phone: 973-353-5324 Fax: 973-353-5324		Phone: 973 972 5338 Fax: 973 972 5320	
	732-443-3948 rutgers.edu	iuso@rci.rutgers.edu		iuso@rci.rutgers.edu		uso@rci.rutgers.edu	
	<u> </u>						
For Reg	istrar Use:		:				
Copies s		nncial Aid Student Acc	counts R	esidence Life Judicia	al Affairs O	ther:	
=	_ _	_ _					
	strar Staff Member:						