

AUTHORIZATION, WAIVER & RELEASE

I, the undersigned individual, for myself, my estate, personal representatives, heirs, legatees, devisees and anyone claiming by or through me (collectively, the "Releasors"), intending to be legally bound hereby, make this authorization, waiver and release ("Release") and acknowledge and agree as follows.

1. The College of New Jersey may be referred to as the "College" or "TCNJ". Current or former officers, trustees, employees, representatives and agents of TCNJ or its affiliates (excepting the Releasors, if applicable) may be referred to as "Authorized Persons". Collectively, TCNJ and Authorized Persons may be referred to as "Releasees".
2. I hereby authorize and request Releasees having access to or control of any documents, records or other information pertaining to me or relevant to my character and fitness, including without limitation my "education records" as defined by the Family Educational Rights and Privacy Act (collectively, "Data"), to furnish the originals or copies of any such Data to _____ ("Requesting Party") or any of its representatives and to permit Requesting Party or any of its representatives to inspect and make copies of any such Data. Data may include, but is not limited to, my academic, training, residential, achievement, performance, attendance, disciplinary (internal or external) and employment history (including any records regarding my release from service), criminal background information, and financial and credit information.
3. I hereby further authorize Releasees to answer any inquiries, questions or interrogatories concerning me, which may be submitted to them by Requesting Party or its authorized representative, and to appear before Requesting Party or its authorized representative and to give full and complete testimony concerning me, including any information furnished by me. Without, in any way limiting the foregoing, Data shall include all of such answers and testimony.
4. I hereby grant consent to Releasees and Requesting Party to furnish Data to third parties in the course of fulfilling their responsibilities.
5. I hereby relinquish any and all rights to receive, review or access Data or copies of Data furnished to Requesting Party or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the Data furnished.
6. I hereby release, exculpate and exonerate Releasees that comply or, in good faith, attempt to comply with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing, inspection or use of such Data or any investigation or determination made by Requesting Party (the "Activity"). I will not hold Releasees responsible for any loss or injury I might incur in connection with the Activity or seek damages from any of the Releasees in any form, and I hereby waive and release any and all claims against each of the Releasees for any such loss or injury arising in any way out of Releasee's participation in the Activity and agree to indemnify, defend and hold each Releasee harmless from any such claims. I recognize that this Release means that I am giving up, among other things, rights to sue the Releasees for injuries, damages or losses I may incur. I also understand that this Release binds me as well as all of the other Releasors.
7. I acknowledge that this Release is valid and by it I waive any rights I may have to the privacy of such information under the Family Educational Rights and Privacy Act.
8. I understand that this Release shall be effective immediately and the authorization and request for release of Data contained in sections 2 and 3 hereinabove shall remain valid for five (5) years from the date signed, but the relinquishment, release, waiver, exculpation, exoneration, defense, hold harmless and indemnity obligations and other like provisions hereof relating to Data released prior to the expiration of that period shall remain in effect in perpetuity. A copy of this Authorization and Release shall be as authentic as the original.

I certify that I have made, read and do understand the above statements and that they are true and accurate, and that the signing of this Authorization, Waiver and Release is completely voluntary.

Signature

Date

Printed or Typed Name of Individual