

AUTHORIZATION TO DISCLOSE INFORMATION

Name (PLEASE PRINT):			PAWS ID#:					
Last	First	MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The student education record policy of The College of New Jersey conforms to the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. § 1232g; 34 CFR Part 99), as amended FERPA, which protects the privacy of student education records. You may access this law at: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>. This policy gives a student the right to inspect his or her educational record within a reasonable length of time, to ask for interpretations, and to request that any inaccuracies be corrected.

In accordance with FERPA, the College may disclose information from the education records of a student provided the College has on file written consent from the student. **This authorization will allow access only to authorized recipient(s) for the following type of education record for the duration of your employment and/or participation in activities with the office(s) checked below.**

By signing below, I give consent for the College to disclose my education record (including but not limited to disciplinary, CARE, and/or Title IX records) to the below named authorized recipient(s) or office(s):

- | | |
|---|---|
| <input type="checkbox"/> ADMISSIONS | <input type="checkbox"/> CAREER SERVICES & LEADERSHIP |
| <input type="checkbox"/> GLOBAL PROGRAMS | <input type="checkbox"/> FRATERNITY & SORORITY LIFE |
| <input type="checkbox"/> ATHLETICS | <input type="checkbox"/> RESIDENTIAL EDUCATION |
| <input type="checkbox"/> STUDENT SERVICES | <input type="checkbox"/> STUDENT INVOLVEMENT |
| <input type="checkbox"/> OTHER (PERSON/OFFICE--PLEASE SPECIFY)_____ | |

-I understand that if I have any questions about the information that may be release, I may contact the Dean of Students Office.

-I understand that I may withdrawal permission to release my educational record by submitting a request in writing to conduct@tcnj.edu or care@tcnj.edu.

Student Signature

Date