



OFFICE OF THE REGISTRAR

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FERPA REQUEST

Under the Family Educational Rights and Privacy Act (FERPA), students have the right to request that their educational records not be disclosed to third parties without their written consent, except as permitted by law. By submitting this form, you are requesting that New Jersey City University withhold the release of your directory information and other educational records.

I understand that by requesting a non-disclosure:

1. My directory information will not be shared, even to verify enrollment or degree completion, unless required by law.
2. This request will remain in effect until I submit a written request to revoke it.
3. Certain disclosures may still occur as permitted under FERPA, such as disclosures to school officials with legitimate educational interests or in response to lawful subpoenas.

By signing below, I confirm that I have read and understand the consequences of this request.

Name: _____

Student ID: _____

Signature

Date