



OFFICE OF THE REGISTRAR

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RELEASE OF INFORMATION FORM

Under the Family Educational Rights and Privacy Act (FERPA), New Jersey City University is prohibited from disclosing your educational records to third parties without your written consent, except as permitted by law. By completing and signing this form, you provide consent to authorize the release of your educational records.

Student's Name: _____

Student's ID: _____

I grant New Jersey City University permission to release my educational record information to the following individual(s) or organization(s):

- Name: _____
- Relationship: _____
- Address/Email: _____

Student's Signature

Date