

Authorization to Release Education Records

The family Education Rights and Privacy Act of (FERPA), initially called the Buckley Amendment, allows students at an institution of higher education to control outside access to their education records, including request for information from their parents, guardians or others, as designated by the student.

Student's Name: _____
First Middle Last

Student ID Number: _____ Date of Birth: _____

I understand that FERPA protects the confidentiality of my student education records ("Education Records") and that Rowan College of South Jersey may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and direct the office of Student Records to release information from my Education Records to the following recipient (organization/person):

Please Print

Recipient's Name: _____

Address: _____
Street City State ZIP

Phone Number: _____ Relationship to Student: _____

I authorize the office of Students Records to release my Education Records. Education Records are limited to these specific records: unofficial transcript (which includes: classes, grades and any current registration) and schedule.

By signing below, I hereby authorize the Office of Student Records to release my Education Records as specified above. Further, I agree to release, indemnify and hold harmless Rowan College of South Jersey, its employees, officers and agents from all liability for damages of any kind which may result on account of the college's compliance or any attempts to comply with this authorization.

Student's Signature: _____ Date: _____

Expiration: This authorization to release information will remain in effect for RCSJ's fiscal year (**July 1 through June 30**). The Student **must** complete this request yearly. If within that fiscal year the student wants the authorization to cease, the Student must provide written notice to revoke it.

Special Note to Recipient of Education Records

- The Office of Student Records will only give information to the recipients listed onto the release form. Proof of identification, such as photo ID is required when requesting access to the records listed on the form.
- The Recipient of records under this authorization may not disclose information from Education Records without the prior written consent of the student as permitted by law.

Instructions for Submission effective June 9, 2023:

Send this completed form and a copy of photo identification

By Mail:
Rowan College of South Jersey - Gloucester Campus
Student Services Building
Student Records Office
1400 Tanyard Road, Sewell, New Jersey 08080

In Person:
Student Services Building
Office of Student Records, Rm 1129

Office Use Only:

Received by: _____ Date Received: _____ Expires: _____