



Student Consent Form for Release of Academic Records

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to RCSJ's Records Office allowing the release of their education records to specified third parties. Please note that while this form authorizes Rowan College South Jersey to release education records to third parties, it does not obligate Rowan College of South Jersey to do so. Rowan College South Jersey reserves the right to review and respond to requests for the release of education records on a case-by-case basis.

Student Name: _____

Student ID: _____

SECTION A. Education records to be released (check all that apply):

All Student Records Information Listed Below

Only Specific Account Information:

- Academic Information (transcripts, grades/GPA, registration, student ID number, academic progress, enrollment status)
- Loan Information (maintained loan disbursements, billing, and repayment history [including credit reporting history], Communication history, balances, and collection activity.
- Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
- Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Other (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided: ex. School District & Parent/Guardian

1)

Name of person to whom access to records may be provided - **MUST PRESENT VALID ID**

Address of person to whom access to records may be provided

Relationship to Student

2)

Name of person to whom access to records may be provided - **MUST PRESENT VALID ID**

Address of person to whom access to records may be provided

Relationship to Student

SECTION C. Duration of release

This release will remain active for the life cycle of the student record: until graduation or three years of non-attendance.
You will be able to revoke this permission at any time.

SECTION D. Acknowledgment

I understand that (1) I have the right not to consent to the release of my education records and (2) I have the right to revoke this consent at any time by delivering a written revocation to Rowan College South Jersey's Enrollment Services One-Stop Office.

Student's Signature

Date

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. The form must be fully completed and signed by the student. Records cannot be released if any Section of this form is not filled out entirely.
2. Completed forms should be submitted in person to the One Stop Enrollment Services Office at either the Gloucester or Cumberland Campus.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

OFFICE USE ONLY:

Date Processed: _____

Please submit your form to the RCSJ One Stop Enrollment Services Office:

Gloucester Campus, 1400 Tanyard Road, Sewell, NJ 08080 | Cumberland Campus, 3322 College Drive, Vineland, NJ 08360