

Release Form

I, _____, hereby authorize _____
(name of office or department which is
custodian of record)

to disclose, make accessible and furnish the following information:

- Official Transcript
- Financial Aid Record(s)
- Judicial Affairs File(s) (College or University)
- Student Accounts Information
- Deans' Office File(s)
- Residence Life File(s)
- Other (Description: _____)
- All Of My Records**

to _____ . These
(name of person or entity to whom records are to be released)

records will be used for the purpose of _____ .

This release shall be effective until _____ unless revoked in writing by me.
(date)

_____/_____/_____
(signature) (Student Identification #) (date)

State of New Jersey, County of _____

The foregoing "Release Form" was acknowledged before me by _____,
this _____ day of _____, _____.

ss:

Witness my hand and official seal:

My commission expires on _____.