



Release Form

This form must be notarized and sent to the Registrar's Office, Attn: University Recorder, Administrative Services Building, 65 Davidson Road, Rooms 200-L, Busch Campus, Piscataway, NJ 08854-8096.

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

to disclose, make accessible and furnish the following information upon request:

- Official Transcript
- Financial Aid Record(s)
- Judicial Affairs File(s) (College or University)
- Student Accounts Information
- Deans of Students Office File(s)
- Residence Life File(s)
- Other (Description: _____)

All of My Records

to _____ at _____
(to whom records are to be released) (address)

These 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 _____.