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**Mail or Fax:**  
Student Financial Aid Services  
NJIT - Student Mall, University Heights  
Newark, NJ 07102 Fax: 973-596-2460

## Information Release Consent Form

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of a student's educational records. Therefore, a student must provide written consent before we can disclose financial aid account information. Please list the name(s) of the person(s) you wish to designate as authorized to receive information about your financial aid account.

Student's Name \_\_\_\_\_ NJIT ID \_\_\_\_\_  
UCID E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

By my signature below, I hereby authorize the release of any and all information pertaining to my financial aid account, including information protected by the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended in 1988) to the individuals identified below. I understand that these individuals will need to supply my name and NJIT ID (or Social Security number) before the information will be released to them. This authorization will remain active unless revised by me.

Authorized Person (s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Student (check one) \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Sibling  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Tel (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Authorized Person (s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Student (check one) \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Sibling  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Tel (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_