



Registrar's Office

Information Release Consent Form

Please use the area below to list the name of the person(s) you wish to designate as authorized to receive information about your records with the registrar's office. Please print legibly. Return the completed form to The Registrar's Office, Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.

Student's Name _____

NJIT ID _____ UCID E-mail _____

By my signature below, I hereby authorize the release of any and all information pertaining to my registrar's record, 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.

Authorized Person (s) _____

Address _____

Relationship to Student __Parent __Spouse __Sibling __Other (check one) _____ (specify)

Information you give us authorization to Disclose:

- ___ Financial ___ Residency ___ Schedule ___ Transfer Credit
___ Grades ___ Registration ___ Billing ___ Graduation

Student's Signature _____ Date _____