



Office of Financial Aid



# FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) is a federal law that gives students in higher education various rights with respect to their education records. Rutgers may not disclose personally identifiable information from your records to anyone outside of the university without your prior written consent. You may use this form to authorize the university to release your student records to third parties, including parents and/or guardians. However, completion of the form must be witnessed by either a notary public or an authorized representative of the university.

I, \_\_\_\_\_, hereby authorize the **Office of Financial Aid**  
(Student name, printed)

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.

## Signatures

\_\_\_\_\_  
Student signature Date RUID or A number

## Notary's Certificate of Acknowledgment

(This section is only required if the student is not signing the form in the presence of the Office of Financial Aid staff - Proper ID is required.)

State of \_\_\_\_\_

City / County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued ID provided)

to be the above-named person who signed the foregoing instrument.

### WITNESS my hand and official seal:

\_\_\_\_\_  
(Notary signature)  
My commission expires on \_\_\_\_\_

### Office of Financial Aid Witness:

\_\_\_\_\_  
Print name Signature Date

**Return this form to your regional Office of Financial Aid.  
For office hours and locations, visit:  
[financialaid.rutgers.edu/contact](http://financialaid.rutgers.edu/contact)**