



Student Records Release Form

**This form must be notarized and sent to: The Office of the Registrar
249 University Ave. (Room 309), Newark NJ, 07102**

I, _____, hereby
(student's full name)

authorize _____ to disclose,
(name of Rutgers office or department which is custodian of records.)

make accessible and furnish the following information:

- | | |
|---|---|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Financial Aid Record(s) |
| <input type="checkbox"/> Judicial Affairs File(s) | <input type="checkbox"/> Student Accounts Information |
| <input type="checkbox"/> Dean's Office File(s) | <input type="checkbox"/> Residence Life File(s) |
| <input type="checkbox"/> All My Records | |
| <input type="checkbox"/> Other _____ | |

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

at _____.
(print address of person or entity to whom records are to be released)

These records will be used for the purpose of _____.

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

_____	_____	_____
Student Signature	Student RUID	Date

State of New Jersey, County of _____

The foregoing "Student Records Release Form" was acknowledged before me

by _____,

on this _____ day of _____, _____.

SS:

Witness my hand and official seal: _____.

My commission expires on: _____.

Not Valid without Notary Public Seal

For Registrar Use:

Copies Sent to: Dean's Office - Financial Aid - Student Accounts - Residence Life - Judicial Affairs

By Registrar Staff Member: _____