



FERPA WAIVER

PLEASE PRINT

Student's Name (LAST, FIRST, MIDDLE INITIAL)

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In accordance with The Family Educational Rights and Privacy Act (FERPA), Ramapo College of New Jersey will only disclose confidential information from the education records of students to parents or other third parties provided the College has written consent from the student on file. This form is provided as a means for students to give the Registrar (or designee) permission to discuss their educational records with someone other than themselves (i.e., with a parent, guardian, etc.).

Written consent will be kept permanently on file, and the Office of the Registrar (or designee) will release information regarding the student's education record to the person(s) who have been designated on this form. If for any reason a student decides to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to: Ramapo College of New Jersey, Office of the Registrar, 505 Ramapo Valley Road, Mahwah, NJ 07430.

By signing below, I consent that Ramapo College of New Jersey may disclose and discuss the following confidential information with the individual(s) referenced on this form (please check all that apply):

- Academic Records (grades, transfer information, academic standing, grade point average, schedule of classes)
- Financial Information (bill, tuition/fees, past due amount, payments made, loan/grant/scholarship information)
- Student Life (disciplinary information, student status, residential life information)
- Other: _____

Information may be released to: (Please Print)

Name Relationship to Student

Name Relationship to Student

Personal Security Question (select one): Student must share this question and the answer with the individual(s) listed above – information will not be released unless the third party can identify the question and correctly answer it.

- Name of Elementary School: _____
- Name of First Pet: _____
- Student's First Vehicle Make/Model: _____

Student's Signature

Date

ID Verified: _____

Received: _____

Waiver Valid Until: _____

Processed (SPACMNT): _____