



**Vice President for Student
Life/Dean of Students**
201 Mullica Hill Rd.
Glassboro, NJ 08028
Phone: 856-256-4283
Fax: 856-256-4469

Authorization for Release of Education Records

Please Print Clearly

Student Name: _____ **Banner ID Number:** _____

Instructions: This form is to be used by students to grant access to their education records with Rowan University. Access to student's education records and directory information is regulated by the Family Educational Rights and Privacy Act (FERPA - 20 U.S.C. § 1232g; 34 CFR Part 99) as well as the Internal Revenue Code (§152).

At the University level, a student's education records, such as records of enrollment, attendance, grades, financial aid and other financial information, housing, as well as disciplinary and student conduct status are confidential and may not be released without the written consent of the student. Parents/guardians and other third parties generally do not have an inherent right to access or inspect a student's records. However, parents/guardians and other third parties may access a student's education records with the written consent of the student. Parents/guardians may also access a student's education records by submission of evidence that the student is claimed as a dependant on their most recent Federal Income Tax return (Internal Revenue Code (§152)).

If you wish to authorize specific individuals to have access to your education records and to discuss the contents of your records with Rowan University administrators, please list the authorized individuals below.

Individuals authorized to access my information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Enhanced Security Password:

In certain circumstances students have a need for enhanced security to protect their privacy, safety or security. In these cases it may be helpful for to require a password to access your education records during telephone inquiries. If you would like to require a password, please check yes below and write in clearly what the password will be. Make sure that you share this password with any of the above people whom you are authorizing to have access to your records. The password should not be your date of birth, social security or ID number.

Yes, please require a password. My password will be: _____

I am the above referenced student and I hereby authorize Rowan University and/or its employees to release my education records to the individuals named above. I understand this release will remain in effect until I revoke this authorization in writing.

Student Signature: _____ **Date:** _____

Note: For more information about the University policy regarding FERPA and education records, please visit:

<http://www.rowan.edu/provost/registrar/ferpa.html>

Certain records and information are governed by other laws and regulations, and fall outside the scope of FERPA privacy regulations and are not affected by this form. These include records created and maintained by a law enforcement unit for law enforcement purposes; employment records (unless contingent upon attendance); medical records made and maintained in connection with treatment and disclosed only to individuals providing treatment; and, records containing information about an individual created after he/she is no longer a student (i.e. alumni records).