AUTHORIZATION TO DISCLOSE INFORMATION

Name (PLEASE PRINT): ____________________________  PAWS ID#: ____________________________

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The student education record policy of The College of New Jersey conforms to the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. § 1232g; 34 CFR Part 99), as amended FERPA, which protects the privacy of student education records. You may access this law at: http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html. This policy gives a student the right to inspect his or her educational record within a reasonable length of time, to ask for interpretations, and to request that any inaccuracies be corrected.

In accordance with FERPA, the College may disclose information from the education records of a student provided the College has on file written consent from the student. This authorization will allow access only to authorized recipient(s) for the following type of education record for the duration of your employment and/or participation in activities with the office(s) checked below.

☐ DISCIPLINARY RECORD

By signing below, I give consent for the College to disclose my disciplinary records to the below named authorized recipient(s) or office(s):

☐ ADMISSIONS  ☐ ATHLETICS  ☐ CAREER SERVICES

☐ GLOBAL PROGRAMS  ☐ RESIDENTIAL EDUCATION & HOUSING

☐ STUDENT ACTIVITIES  ☐ STUDENT SERVICES

☐ OTHER (PERSON/OFFICE--PLEASE SPECIFY) ____________________________________________

I UNDERSTAND THAT I MAY WITHDRAW PERMISSION TO RELEASE MY EDUCATION RECORD BY SUBMITTING A REQUEST, IN WRITING, TO CONDUCT@TCNJ.EDU.

__________________________________________  __________________________
Student Signature  Date