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## STUDENT RECORDS ACCESS/RELEASE REQUEST FORM

This form allows students to grant third parties, including parents, access to their educational records maintained by the student's college. The Family Educational Rights and Privacy Act of 1974 prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student, with certain regulatory exceptions.

Student Name (Please Print):		Student ID or SSN:
I, the undersigned, hereby author records and information (please		e of Union County, NJ to release the following educational
Academic Information Financial Aid Information Student Accounts Informa All Records Listed Above Other (Please Specify):	(awards, eligibility, SA	AP status, loan information, etc.) s, financial hold, charges, credits, refunds, etc.)
	e(s) below and any speci	parent(s), legal guardian, or outside agencies or institutions ial instructions. If you would like to revoke access, please
Full Name	Dates of Access	Special Instructions
Full Name	Dates of Access	Special Instructions
Full Name	Dates of Access	Special Instructions
Full Name	Dates of Access	Special Instructions
Student's Signature		Date
SPECIAL NOTATION		
	ery effort to expedite all	ays in which to comply with requests for student access requests within a reasonable time period. Students should of from review by students:
A. Confidential letters of recomm B. Personal notes of instructors a C. Medical and Mental Health in D. Parent's Financial Statements	and administrators which aformation.	are retained in their possession.
Authorized College Official Signa	ture	Date