



Authorization to Release Student Billing Information

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Rowan College at Gloucester County is prohibited from releasing certain information involving student education records to third parties (parents, spouses, relatives, etc.), Education records can include, but are not limited to, grades, billing, tuition and fees assessments, financial aid and other student record information.

Students may grant the College permission to release information pertaining to the Business Office to a third party by submitting a completed Authorization to Release Student Billing Information Form. You must complete a separate entry for each parent, family member, or other individual to whom you wish to grant access to your student billing information.

For more information on FERPA please go to: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

By completing and signing this form you are giving the Business Office the right to discuss your billing information with the person(s) listed below. Examples of this information can include, but are not limited to, outstanding account balances, student holds and/or restrictions, refund amounts, and 1098-T information.

MY SIGNATURE BELOW VERIFIES THAT I HAVE READ AND UNDERSTAND THE FERPA REGULATIONS.

_____	<u> A </u>
Name (Please Print)	Student ID #
_____	_____
Signature	Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)	

NOTE: YOUR AUTHORIZATION TO RELEASE INFORMATION HAS NO EXPIRATION DATE; HOWEVER, YOU MAY REVOKE YOUR AUTHORIZATION BY COMPLETING A NEW RELEASE FORM.
TO PROTECT THE STUDENT FROM IDENTITY THEFT AND FINANCIAL FRAUD THE BUSINESS OFFICE WILL ONLY GIVE INFORMATION OUT TO THE PERSON(S) LISTED ON THE RELEASE FORM. SUCH INDIVIDUAL(S) SHALL PROVIDE PHOTO IDENTIFICATION TO THE BUSINESS OFFICE IN ORDER TO CONFIRM IDENTITY.

_____	_____
Name (Please Print)	Relationship to Student
_____	_____
Street Address	Phone Number

City, State, ZIP	

_____	_____
Name (Please Print)	Relationship to Student
_____	_____
Street Address	Phone Number

City, State, ZIP	

