



Pharmacy Technician Training Program

Mandatory Requirements

- Registration Form
- Application for Training
- High School Diploma/GED
- Reading & Math Assessment*
- Background Check
- Complete Protrain Internship Handbook (if participating in an Internship)

**Only required if you are not currently enrolled in college-level Math and English courses or do not already hold a college degree.*

I understand that all the above documentation must be submitted to the Career & Technical Education Division for enrollment into the Pharmacy Technician Training Program.

Student Name: _____

Student Signature: _____

Date: _____

RCSJ CTE Representative: _____

Signature: _____

Date: _____



CTE Allied Health Program Application

Section 1: Student Information

Full Name: _____ Maiden/Other Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ SS#: _____

Phone: _____ Birth Date: _____

Do you have a High School Diploma or GED? Yes (Please attach copy) No

Section 2: Program Selection and Status

I am applying for admission to:

Program:	Check	Dates
Certified Clinical Medical Assistant		
Certified Nursing Assistant		
Patient Care Technician		
Certified Phlebotomy Technician		
Medical Billing & Coding		
Pharmacy Technician		
Central Service Technician		
Medical Administrative Assistant		
Other:		

Section 3: Immunizations and Tests

Only for: Certified Clinical Medical Assistant, Certified Patient Care Technician, Phlebotomy Technician, Certified Central Service Technician and Pharmacy Technician. Please attach a copy of your physical and immunizations as necessary.

Vaccine	Dose-Date
Hepatitis B	1.
	2.
	3.
PPD Test Results (mm)	Date*:
MMR vaccination/Titer	Date:
Varicella vaccination/Titer	Date:
Flu Vaccine	Date: Verification Required

*Tuberculin test cannot be older than one year.

Continues on next page

Physician's Signature & Date: _____



Section 4: Acknowledgments

Externship (Only for Certified Clinical Medical Assistant, Certified Phlebotomy Technician, Certified Patient Care Technician and Central Service Technician – Initial after each.):

- **I understand** that if my program requires an externship, I will be required to complete all required hours before I will be considered a “graduate” of the program. _____
- **I understand** that my externship site could be within up to 30 miles of the school. _____
- **I understand** that most externship sites only offer externship during weekday hours and may not have the availability to provide evening or weekend hours. _____
- **I understand** that if I decline an externship site, the college’s obligation regarding externship has been met and I will have to find my own externship placement. _____
- **I understand** that if I am dismissed from an externship site, I will meet with the Director of Career and Technical Education and must find my own externship placement. _____
- **I understand** that if I don’t have a minimum of a “C” average or an 85% attendance record that I may not be eligible for externship placement. _____
- If I am not in good financial standing with the College, I will not be able to be placed on externship until paid in full. _____
- **I understand** that I will need to submit proof of being fully vaccinated against COVID-19 in compliance with externship site requirements. _____

Certification Exams and Licensures (Initial after each):

- **I understand** that Rowan College of South Jersey makes no guarantee that students who complete training will pass the national certification exam and licensures (*if available*). _____
- **I understand** that Rowan College of South Jersey will only pay for my first attempt at the national certification exam and licensure. All retests are my responsibility. _____

Release of information

I, (print name) _____, authorize Rowan College of South Jersey Career and Technical Education to conduct a search and to release all my records pertaining to my criminal history, which includes my name, social security number, date of birth, address, and student ID number to the authorized background check agency of their choice.

I understand that the use of my records is limited to any audit and the evaluation of continuing education programs, to any potential externship preceptors, and in connection with the enforcement of federal and/or-state laws.

My signature is an acknowledgment that I have read and voluntarily consent to the release of the above-mentioned information.

Student Signature: _____

Refund Policy

There will be a 100% refund for withdrawals before the first day of class. A 50% refund for withdrawals on the first day of class. No refunds after the first day of class.

I understand and agree to the above terms and conditions:

Student Signature: _____ Date: _____



CTE Acceptance of terms of Drug and Alcohol Use Policy

It is strictly forbidden to be under the influence of alcohol, illegal narcotics, chemicals, psychedelic drugs or other controlled substances by an individual engaged in college related activities.

It is expected that students will come to class, laboratory and externship in a condition fit for the competent and safe performance of their duties and that such fit condition will be maintained throughout the scheduled time. The objectives of this policy are to identify the impaired students, maintain an environment that allows students to enjoy the full benefits of their learning experience and ensure safe, competent client care.

Faculty are accountable for ensuring that students are in fit condition to participate in program related activities and for taking prompt, appropriate and decisive action whenever a student seems to be impaired. Students who arrive in the classroom, lab, externship location or other assigned area and are considered by their instructor to be impaired may expect to:

- Have their behavior witnessed and documented
- Be questioned in private as to the nature of their problem
- Be asked to undergo a medical evaluation (which includes blood alcohol level and/or urine testing) in an Emergency Room or laboratory facility and have their behavior witnessed by another healthcare professional
- Meet with the Director of Career and Technical Education
- Be referred for counseling
- Be dismissed from their program of study
- Be ineligible for readmission

When a student is in possession of or using alcoholic beverages or illegal or unprescribed controlled chemicals on college or externship properties, the student may be assigned a grade of "F" and be dismissed from their academic program. I have read and understand the Career and Technical Education's Drug and Alcohol Use Policy.

Signature:

Date:

Internship Handbook



World Class Training for Education 2 Employment!

What is an internship?

- An internship is a chance to continue your learning in a hands-on environment.
- It is an important step toward becoming a professional in your chosen field and will allow you to put into practice all that you have learned in the classroom.
- Many employers consider a successful internship as an indicator that you are “job ready”
- Students are still considered a student during internships.
- Students will work under the guidance of a professional / mentor to gain actual hands-on experience.
- The professional / mentor will provide students with an orientation to the policies and workflow of the company.
- This is your chance to move from the role of a student into the role of a professional.

Internship Completion

- The internship is graded on a pass / fail basis and is based on the evaluation given by the Site Supervisor at your internship site.
- Have the Site Supervisor complete the evaluation in your Internship Handbook (provided upon confirmation of internship placement) on your last day at the internship.
- Upload completed skills log to: <https://form.jotform.com/protrainedu/internship-skills-log-submission>
- Once the packet is received, our Training Department will review all training requirements. If everything is completed properly we will issue a Certificate of Training Completion.



Internship Handbook

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Internship Requirements

Medical Assistant & Medical Administrative Assistant

- Proof of Computer Literacy
- Physical Exam Records
- Criminal Background Check Report*
- Updated Resume
- TB Test Results
- BLS CPR Certification

Pharmacy Tech

- Proof of Computer Literacy
- Physical Exam Records
- Proof of COVID-19 Vaccination
- Criminal Background Check Report*
- Updated Resume
- TB Test Results
- 10 Panel Drug Test*

Please note that Background Check and Drug Test are covered by your tuition and ProTrain will email you the instructions at the end of the course.

Additional requirements, up to and including the passing of a nationally-recognized credential exam, may be required by internship sites.

Gather the above documents first and then complete the form below:

<https://form.jotform.com/protrainedu/internship-request-form>

Email any questions to: Internships@ProTrainEdu.org

Proof of Computer Proficiency

Some suggestions for obtaining proof of computer proficiency are:

- Consult the Partner School (take a course or ask them to test you and provide a statement).
- Employment and temporary agencies may test you and provide a statement.
- Go to www.digitalliteracyassessment.org. Take modules 1, 2, & 4. This is a free website. (provide a screen shot of your results).
- Ask your employer for a letter stating you have basic computer operation skills.

Physical Examination with Tuberculosis (TB) Screening

Any physical or TB screening completed in the last calendar year will qualify:

- You can use your existing medical coverage to obtain this.
- The completion of the Hepatitis B vaccine series prior to direct patient care is required. Students are required to begin the vaccine series prior to submitting the Physical Examination form and complete 2 out of 3 series prior to internship placement, with intentions of completing the 3rd prior to completing hours.
- If you do not have documentation of your immunizations, please submit lab results that reflects your titers.
 - The antibody titer is a test that detects the presence of and measures the amount of antibodies within a person's blood. The amount and diversity of antibodies correlates to the strength of the body's immune response.
- See pages 8 & 9 for the physical forms required. Bring these forms to your physical examination.

Resume

- Your resume will be sent to sites interested in hosting you for your internship.
- Use large print for your name, address and telephone number.
- Include sections for education, work experience, and special skills.
- Include the training you are gaining in this program.

Sources for help in creating a Resume:

- Check your computer word processing program for a resume template.
- Check with your local Workforce Development Office.
- Check the yellow pages or want ads for resume services.
- Ask a friend or family member for help.
- Ask for help at your local adult school.

State Background Check & Drug Test

- This will be issued once the course has been completed and passed.
- We will send you an email with the steps to complete the Background Check & Drug Test.

BLS for Healthcare Provider CPR Certification

Students are required to have a Basic Life Support for Healthcare Provider CPR Certification Card from the American Heart Association or the American Red Cross only.

This is a policy of our Internship Sites and not ProTrain. If you take a course that is not a Basic Life Support for Healthcare Provider, you will not be able to be placed at one of our Internships sites. This is due to legal and insurance provider requirements. There are no exceptions to this requirement.

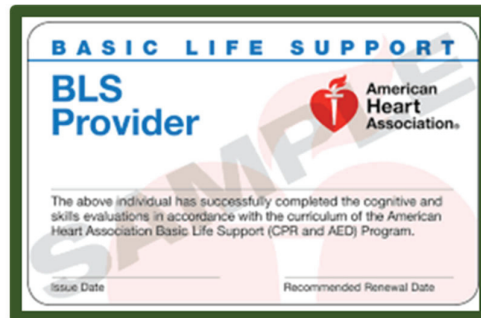
When arranging for a class, find out how and when you will receive your BLS for Healthcare Provider CPR card. We recommend that you request a letter of successful completion that includes the date when you will receive your certification card.

BLS for Healthcare Provider Courses

American Heart Association:

Basic Life Support (BLS)

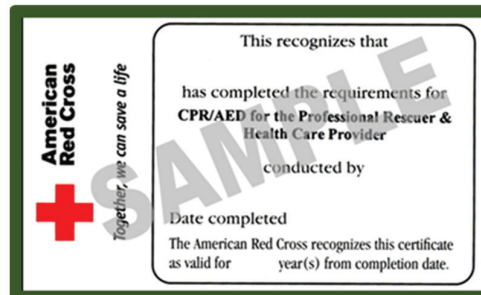
http://cpr.heart.org/AHA/ECC/CPRECC/Training/HealthcareProfessional/BasicLifeSupportBLS/UCM_473189_Basic-Life-Support-BLS.jsp



American Red Cross

BLS Training

<http://www.redcross.org/take-a-class/bls/bls-training>



Here are some additional places to look for a CPR class:

- Local adult school or community college
- Local fire department, or rescue squad
- Hospitals and nursing homes

Your BLS CPR card must be provided as proof of completion to be eligible for internship

Internship Placement Information

Eligibility for Internships

- All required signed paperwork must be submitted no later than course end date. All documents are to be turned into the link <https://form.jotform.com/protrainedu/internship-request-form-2018> once and all together. If you are waiting on certain documents past the end date of the course, please inform us so that we are aware of the delay.
- A positive drug test result may prevent placement in an Internship.
- If a student has Barrier crimes on their background check this may prevent eligibility to be placed in an Internship.
- Students will be requested to meet with the internship site location for an interview prior to placement.
- Proof of COVID-19 Vaccination may be required by the internship site. If a site requires vaccination and a student cannot furnish proof as to a medical exemption for vaccination, the student may be required to find their own internship site.

It is the student's professional responsibility to submit the required paperwork in a timely fashion. This demonstrates the professionalism that is expected of a healthcare employee.

Internships—Planning Ahead

- Most of our host sites prefer students to be available full-time. Part time availability will have to be pre-approved by the Internship Site manager, but is normally approved if you must work another part time job elsewhere. See below for more guidance.
- Start planning now for how you will fit your internship into your schedule.
- Save up some vacation time, arrange for childcare, and secure reliable transportation.
- Students may be required to travel up to 60 miles in one direction to an internship site from where the class was taken.
- Keep in mind that required forms for internships are designed for the convenience of the affiliation site and the student.

Full-time Availability

- Every effort will be made to place students who submit all completed pre-internship documents within 90 days of the last day of class.
- Keep in mind that based on location, and the number of available medical care sites, placement may take longer.

Part-time Availability

- In the rare instance that a student is only available part-time, the student must make a written request for part-time placement to the Internship Coordinator at Internships@ProTrainEdu.org. Students should note that the host sites do not generally prefer to accept part-time interns. Students who are not available full-time may not be placed at a site as quickly as those who are available full-time.

Things to keep in mind when attending your internship:

- You must give advanced notice to your site supervisor and the Internship Coordinator for any absence or late arrival. Treat this like you would any job.
- If you experience any difficulty at your internship, you must contact the Internship Coordinator immediately.
- Internship host sites have the right to dismiss students for any reason without recourse. In this case ProTrain will request an evaluation from the host site and determine if the student is eligible to continue in the program at an alternate internship site. **Misconduct to include repeated absence or tardiness will be considered.**

Internship Placement Information—(Continued)

Internship Process

- Student submits all completed Pre-Internship Documents. <https://form.jotform.com/protrainedu/internship-request-form>
- The Internship Coordinator will review all documents and determine the student's eligibility for placement.
- Some internship sites may require the student to pass a nationally-recognized certification exam prior to placement.
- The Internship Coordinator will email the student if there are any items missing from their submission or if there are documents that render the student ineligible for placement; i.e., the student has been convicted of a Barrier crime.
- Once an appropriate site has been secured for the student, the Internship Coordinator will email the student details on the location and site supervisor.
- The student must contact the site supervisor within 2 business days to schedule an interview. Failure to contact the site supervisor may result in the student being ineligible for future placement.
- Once the student has been accepted by the site supervisor, the site supervisor will provide the student with a schedule. It is the student's responsibility to keep their schedule and call the site supervisor in the event of an emergency that prevents them from attending. The student is also required to email the Internship Coordinator at Internships@ProTrainEdu.org regarding any missed attendance.
- During the internship, the student shall seek every opportunity to complete the skills in their skill log. Review of the skill log with the site supervisor at the end of each day will help the student and the site to make the most of the opportunity.
- On the last day of the internship, the student shall schedule time with the site supervisor to review the entire skill log and complete the Internship Evaluations. There is one evaluation for the student and one evaluation for the site supervisor to complete.
- The Student shall collect all forms from internship site and upload the skills log to: <https://form.jotform.com/protrainedu/internship-skills-log-submission> within 2 business days of completing the internship.

Examples of what may cause a student to be responsible for locating their own internship include, but are not limited to:

- Moving out of state.
- Declining a site within 60 miles from the class location.
- Failure to contact the assigned site supervisor within 2 business days of receiving the internship assignment from the Internship Coordinator.
- Being dismissed from a site due to unprofessional conduct; to include but not limited to, showing up late, leaving early, failure to communicate with the site supervisor regarding absences, and failure to comply with the sites policies and procedures.

Internship Site

- ProTrain will arrange an internship site for you unless you have a specific site in mind.
- Students who would like a specific site must complete the Choosing Your Own Internship Site form and submit it to the Internship Coordinator 2 weeks prior to the end of class. All other internship application forms are still required with this submission to be considered complete.
- We do not guarantee placement at a particular site, rather, we match the needs of the site with each student's availability and location.
- Once you have been placed in an internship site you are expected to complete the hours at the assigned site



Internship Handbook

Physical Examination Form for Internships—A

<i>TO BE COMPLETED BY STUDENT</i>			
Student Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth date:	
Program Location:	<input type="checkbox"/> Weekday <input type="checkbox"/> Saturday		
Have you had a serious illness, injury or surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:		
<u>STUDENT SIGNATURE IS REQUIRED</u>			
<i>I give permission to release a copy of this form to the affiliating facility.</i>			
Student Signature:		Date:	
<i>TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER</i>			
1. Current complaints or disabilities pertinent to the student’s participation in training program:			
2. Medications used - prescription and over-the-counter (use back if necessary):			
Name	Indication	Frequency	
3. Significant medical history, accidents, deformities, surgeries, back problems, communicable diseases:			
4. Examination comments and findings:			
Required Tuberculosis Screening	Date	Initials	Date and Result in Millimeters
Test One			
Chest x-ray (if positive PPD)		Attach results	
<i>Students: DSHS requires completion of the Hepatitis B vaccine series prior to direct patient care. Students are required to begin the vaccine series prior to submitting this form and complete the series prior to internship placement.</i>			
Immunization	Documented Dates: (attach documentation)	Initials	Comments
Hepatitis B Vaccine	Exp. Date: Declination:		



Internship Handbook

Physical Examination Form for Internships—B

<i>TO BE COMPLETED BY STUDENT</i> Student Name:		Program Location:		
<u>STUDENT SIGNATURE IS REQUIRED</u>				
<i>I give permission to release a copy of this form to the affiliating facility.</i>				
Student Signature:		Date:		
<p>The following immunizations are not required as a prerequisite; however, if an internship site requires proof of immunizations, your placement may be delayed if you do not have the immunizations on hand. If you wish to obtain them in advance, it may expedite your placement, should a site require them. Obtaining immunizations in advance does not guarantee placement in any particular site.</p>				
<i>TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER</i>				
Immunization	Documented Dates		Initials	Comments
Rubella Titer	Date	Results		
Rubella (Measles) Titer	Date	Results		
Mumps Titer	Date	Results		
MMR Vaccine #1 (Mumps, Measles, Rubella)	Date	Results		
MMR Vaccine #2 (if born after 1957)	Date	Results		
Varicella (Titer/Vaccine) #1	Date	Results		
Varicella #2 (if vaccine is given as an adult)	Date	Results		
Hepatitis C Titer	Date	Results		
Hepatitis B Vaccine	Exp. Date	Declination		
	Series			
<p><i>The above named has neither a communicable nor disabling disease, nor health condition that would create a hazard to him/herself, visitors, classmates or patients at this time. The above named is able to perform the physical activities required for the training.</i></p>				
Examiner Name (please print):		Phone:		
Examiner Signature:		Date:		
Address:				



Internship Handbook

****Any hours completed prior to obtaining approval will not be covered under our liability or malpractice insurance and will not count toward the required hours for your program or certificate.

Internship Checklist

Student Name: _____	Student Email Address: _____
Address: _____	City, State, Zip: _____
Program: _____	Program Location: _____

- PHYSICAL EXAM:** Completed physical exam form must be signed by you and your healthcare provider.
- TB TEST RESULTS:** If positive TB Test, submit a chest x-ray report.
- AHA-BLS CPR (ALL Except PHT) or 10 PANEL DRUG SCREEN(PHT):** Copy of your CPR card. A negative 10 panel drug test result.
- COMPUTER LITERACY:** Complete the three modules, print and include in your paperwork.
- UPDATED RESUME:** Complete a resume and submit with your internship packet.

The student understands the Internship process and is aware that it is not a guaranteed placement; that there is a process that must be followed in order to avoid delays and removal from the internship program.

Submit electronically upload and sign here:
<https://form.jotform.com/protrainedu/internship-request-form>



Internship Handbook

Interning with Your Current Employer

If you plan to do your internship with your current employer, you must gain prior approval.

To gain approval, please send the below form to Internships@ProTrainEdu.org

Requests must be made prior to obtaining the previous referenced internship requirements, as they may not be required by ProTrain for placement with your current employer.

ProTrain Employer Internship Approval Form

This portion to be completed by Student

Student Name: _____ Email Address: _____

Class Title: _____ Class End Date: _____

This portion to be completed by Supervisor

Facility Name: _____ Facility Address: _____

Facility Phone #: _____

Supervisor Name: _____ Supervisor Title: _____

Email Address: _____ Student Title: _____

Employment Period: _____ to _____

Please list student job responsibilities:

I _____ accept the responsibility of mentoring/supervising the student mentioned above during their required internship hours. I understand that the student will not be able to start obtaining their hours until they have completed their didactic portion of their course and received approval from the Internship Coordinator. I also understand that the student will be required to complete a certain number of hours and skills listed in the Internship Skills Log, and I will be required to mentor/supervise those as well as sign off on them.

Supervisor Printed Name: _____ Title: _____

Supervisor Signature: _____ Date: _____

FOR PROTRAIN USE ONLY

APPROVED: YES NO APPROVED BY: _____ APPROVAL Date: _____

Student Internship Start Date: _____



Choosing Your Own Internship Site

If you plan to choose your own internship site, you must first request approval.
To gain approval, please send the below form to Internships@ProTrainEdu.org

ProTrain Internship Approval Form

This portion to be completed by Student

Student Name: _____ Email Address: _____
Class Title: _____ Class End Date: _____

This portion to be completed by Supervisor

Facility Name: _____ Facility Address: _____
Facility Phone #: _____
Supervisor Name: _____ Supervisor Title: _____
Email Address: _____ Student Title: _____

I _____ accept the responsibility of mentoring/supervising the student mentioned above during their required internship hours. I understand that the student will not be able to start obtaining their hours until they have completed their didactic portion of their course and received approval from the Internship Coordinator. I also understand that the student will be required to complete a certain number of hours and skills listed in the Internship Skills Log and I will be required to mentor/supervise those, as well as sign off on them.

Supervisor Printed Name: _____ Title: _____
Supervisor Signature: _____ Date: _____

FOR PROTRAIN USE ONLY

APPROVED: YES NO APPROVED BY: _____ APPROVAL Date: _____

Student Internship Start Date: _____

Notes: _____



Model Release

In consideration of my engagement as a model and for other good and valuable considerations herein acknowledged as received, upon the terms herein stated, I hereby grant Rowan College of South Jersey, its legal representatives and assigns, those for whom Rowan College of South Jersey is acting, and those acting with the institution's authority and permission, the absolute right and permission to copyright and use, re-use and publish and re-publish photographs, videos or other social media formats of me in which I may be included, in whole or in part, or composite or distorted in character or form, without restrictions as to changes or alterations, from time to time, in conjunction with my own or fictitious name, or reproductions thereof in color or otherwise made through any media including a website at Rowan College of South Jersey or elsewhere for art, advertising, trade or any purpose whatsoever.

I also consent to the use of any printed matter or website in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Rowan College of South Jersey, its legal representatives or assigns, and all persons acting under permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof even though it may subject me to ridicule, scandal, reproach, scorn or indignity.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and am fully familiar with the contents thereof.

NAME

HOMETOWN

MAJOR

PHONE OR EMAIL

SIGNATURE

DATE

Please opt-in or opt-out of photos by checking a box below:

I have read and agree to the Media Release Agreement. I grant Rowan College of South Jersey permission to use my image and likeness as described above.

I do not consent to the Media Release Agreement and do not grant Rowan College of South Jersey permission to use my likeness in any media.

Gloucester Campus 1400 Tanyard Road, Sewell, NJ 08080 • Cumberland Campus 3322 College Drive, Vineland NJ 08360



Student Consent Form for Release of Academic Records

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to RCSJ's Records Office allowing the release of their education records to specified third parties. Please note that while this form authorizes Rowan College South Jersey to release education records to third parties, it does not obligate Rowan College of South Jersey to do so. Rowan College South Jersey reserves the right to review and respond to requests for the release of education records on a case-by-case basis.

SECTION A. Education records to be released (check all that apply):

- All Student Records Information Listed Below
- Only Specific Account Information:
 - o Academic Information (transcripts, grades/GPA, registration, student ID number, academic progress, enrollment status)
 - o Loan Information (maintained loan disbursements, billing, and repayment history [including credit reporting history], Communication history, balances, and collection activity.
 - o Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
 - o Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
 - o Other (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided: ex. School District & Parent/Guardian

1) _____
 Name of person to whom access to records may be provided - **MUST PRESENT VALID ID**

_____ Relationship to Student
 Address of person to whom access to records may be provided

2) _____
 Name of person to whom access to records may be provided - **MUST PRESENT VALID ID**

_____ Relationship to Student
 Address of person to whom access to records may be provided

SECTION C. Duration of release

This release will remain active for the life cycle of the student record: until graduation or three years of non-attendance. You will be able to revoke this permission at any time.

SECTION D. Acknowledgment

I understand that (1) I have the right not to consent to the release of my education records and (2) I have the right to revoke this consent at any time by delivering a written revocation to Rowan College South Jersey's Enrollment Services One-Stop Office.

 Student's Signature Date Student's Print Name RCSJ ID #

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. The form must be fully completed and signed by the student. Records cannot be released if any Section of this form is not filled out entirely.
2. Completed forms should be submitted in person to the One Stop Enrollment Services Office at either the Gloucester or Cumberland Campus.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

OFFICE USE ONLY: Date Processed: _____

Please submit your form to the RCSJ One Stop Enrollment Services Office:
 Gloucester Campus, 1400 Tanyard Road, Sewell, NJ 08080 | Cumberland Campus, 3322 College Drive, Vineland, NJ 08360