CAMDEN COUNTY COLLEGE

UNIVERSAL RELEASE FORM

Dear Student:

Thank you,

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), Camden County College may not release information regarding past or present students without the written consent of the student.

At the bottom of this letter you will find an information release form. The student must complete and sign the form and return it to the address below. Once the completed form is returned to this office, the College will release the requested information. This release form expires 5 years after the last semester attended.

Joseph Rooney

Associate Dean of Enrollment Management

| I hereby authorize Camden County College to release information concerning the areas checked below: | |
|--|---|
| Transcript Acc | ancial AidSchedule count Information et with instructors regarding attendance, grades, etc. |
| to the following: | |
| Institution, Individual, or firm: | |
| Address: | |
| Please indicate below if you wish to release information on your entire record or a specific term: Spring Fall Summer for the Academic Year Entire Record | |
| For Enrollment Verification for insurance coverage only | |
| Insurance Subscriber's Name: | Relationship to Student: |
| Subscriber's SSN | Group # |
| Student SSN | |
| Student Name: | Student ID Number: |
| Student Signature: | Date: |

Camden County College Records and Registration Services Taft Hall ~ PO Box 200 ~ Blackwood, NJ 08012 Fax #: (856) 374-4917