

OFFICE OF THE REGISTRAR

o. (201) 684-7695 | f. (201) 684-7956 e: reg@ramapo.edu | ramapo.edu/registrar

FERPA WAIVER

Last Name:	First Name:
R# Ramap	o Email:@ramapo.edu
confidential information from a student's educational rec	rivacy Act (FERPA), Ramapo College of New Jersey officials will only disclose cord to parents, guardians, or other third parties provided the College has this gives College officials permission to discuss an educational record with someone
reason a student decides to revoke this waiver, they mus	officials may release information to the individual(s) designated below. If for any st write a notice withdrawing the consent, indicate the individual(s) affected, and or by email (reg@ramapo.edu) from the student's Ramapo email.
By signing below, I consent that Ramapo C	college of New Jersey officials may disclose and discuss the individual(s) listed on this form (please check all that apply)
Financial Information (bill, tuition/fees, past Student Life (disciplinary information, stude	ation, academic standing, grade point average, schedule of classes) due amount, payments made, loan/grant/scholarship information) ent status, residence life information) * re not covered under FERPA – contact Health Services (201-684-7536
Information may be released to (please prin	it):
Name	Relationship to Student
Name	Relationship to Student
	listed above will be asked the question you create below when they ls. They must provide the answer in order to access information.
Samples: Name of student's elementary school	? Name of student's first pet? Make/model of student's first car?
Question:	
Answer:	
SIGN HERE Student's Signature:	Date:
 Registrar Use Only	
Initials: Date:	Rev. 1/25

