



FERPA RELEASE FORM

It is the policy of Pillar College, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as name and address, may be disclosed to the public. However, private information, such as grades, class schedules, the student account, and financial aid awards, may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it will be released.

I, _____, Student ID Number _____, authorize Pillar College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Pillar College.

Persons to whom information may be released:

Relationship to student:

Name: _____	_____
Address & phone: _____	
<input type="checkbox"/> Financial records <input type="checkbox"/> Financial Aid information <input type="checkbox"/> Academic records: <input type="checkbox"/> Grades <input type="checkbox"/> Holds <input type="checkbox"/> Attendance <input type="checkbox"/> Schedule	

Name: _____	_____
Address & phone: _____	
<input type="checkbox"/> Financial records <input type="checkbox"/> Financial Aid information <input type="checkbox"/> Academic records: <input type="checkbox"/> Grades <input type="checkbox"/> Holds <input type="checkbox"/> Attendance <input type="checkbox"/> Schedule	

Name: _____	_____
Address & phone: _____	
<input type="checkbox"/> Financial records <input type="checkbox"/> Financial Aid information <input type="checkbox"/> Academic records: <input type="checkbox"/> Grades <input type="checkbox"/> Holds <input type="checkbox"/> Attendance <input type="checkbox"/> Schedule	

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named persons. I understand that this release is only valid for a maximum of one year and must be updated annually. I understand that this release will remain in effect for one full year unless I revoke such consent in writing and the revocation is received and processed by Pillar College.

Expiration date, if less than one year (optional): _____

Signature: _____ Date: _____

Students wishing to deny disclosure of directory information to any student at Pillar College must do so in writing and submit to the Registrar's Office. Directory Non-Disclosure forms can be obtained at the Admissions desk of The College and must be filled out in its entirety.

Return completed form to:
Pillar College, Registrar's Office, 60 Park Place, Suite 701, Newark, NJ 07102
973-803-5000 | www.pillar.edu | info@pillar.edu