



Office of the Registrar

Hepburn 214

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Website: <https://www.gothicnet.njcu.edu/department/registrar>

Phone: 201/200-3334

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RELEASE OF INFORMATION FORM

Student's Name

Student ID Number

I grant New Jersey City University permission to release my education record information (including grades and grade point average) to:

_____my mother/father

Student's Signature

Parent's Signature

Date

Date