



Office of Disability Services

Office of Disability Services
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Release of Information

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their educational records. One of these rights is the right to limit disclosure of personally identifiable information contained in a student’s education records. In order for Rutgers University to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

I _____, authorize the Office of Disability Services at Rutgers University to:

1. Request, receive, and discuss documentation for the purpose of determining program eligibility and planning appropriate academic adjustments, auxiliary aids, and services.
2. Request, receive and discuss applicable information with outside agencies providing services and supportive assistance (e.g. Office of Vocational Rehabilitation).
3. Exchange applicable information with the Disability Coordinator(s) at other Rutgers locations for the purposes of seeking academic adjustments, auxiliary aids, and/or services.
4. Exchange applicable information with:

Name:

Relationship of party listed:

Address and phone:

5. Utilize the most effective mode of communication (written correspondence, telephone, fax, and/or electronic mail) with the above-mentioned parties (1-4).

I understand that this authorization remains in effect from _____(month/year) through _____(month/year). It will be necessary to send a written letter to revoke this authorization prior to the expiration date indicated.

I understand that by submitting this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Student Information

Rutgers ID:

Printed Name:

Signature:

Date: