



Registrar's Office  
2083 Lawrenceville Road  
Lawrenceville, NJ 08648-3099  
Phone: 609-896-5066  
Fax: 609-895-5447

## Consent to Disclose Educational Records

I \_\_\_\_\_ currently or previously enrolled as a student at

Rider University consent to disclosure of my educational records for the purpose of:

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This information can be released to:

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I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the University Registrar.

By signing this waiver, I agree to hold Rider University or any of its agents or employees free from liability for the disclosure of my educational records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Bronc ID or last 4 digits for SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

*Completed form should be returned to the Registrar's Office, Fine Arts 117  
Rider University, 2083 Lawrenceville Road, Lawrenceville, NJ 08648-3099*