



**Consent to Release Student Information**

Student's Name: \_\_\_\_\_

TESU Identification #: \_\_\_\_\_

I have listed below the individual(s) to whom Thomas Edison State University may release information from my education records:

Name: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

\_\_\_\_\_

The above individual(s) may have access to the following information from my education records: \_\_\_\_\_

\_\_\_\_\_

I understand that I may revoke my consent in writing, at any time. I further understand that until this revocation, my consent remains in effect.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Office of the Registrar  
Thomas Edison State University  
111 W. State Street  
Trenton NJ 08608  
FAX 609-777-0477