

**REQUEST FOR INFORMATION
OF
GLOUCESTER COUNTY COLLEGE
STUDENT ACADEMIC RECORDS**

I hereby grant permission for the release of the following information:

NAME: _____

ADDRESS: _____

SOCIAL SECURITY#: _____

INFORMATION REQUESTED: _____

ANTICIPATED GRAD DATE: _____

Information to be released to:

NAME: _____

ADDRESS: _____

Check One:

Mail _____

Signature _____

Pick Up _____

Date _____

Fax _____

(Please allow 4 days Processing)

Note* If information is requested for insurance purposes, please include the subscribers name and ID number.

Print this form, sign and forward to:

Student Records Office
Gloucester County College
1400 Tanyard Road
Sewell, NJ 08012