



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
OFFICE OF THE BURSAR

Full Name (PLEASE PRINT) _____ Student ID# _____

Permanent Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Security Code (Alpha or Numeric) _____
(Anyone listed below must know your security code.)

Under the Family Educational Rights and Privacy Act (FERPA), Sussex County Community College is not permitted to disclose information regarding your financial records to anyone without your written consent.

Person(s) allowed access to my financial records:

1. _____
Print Full Name

2. _____
Print Full Name

Address

Address

City, State, Zip

City, State, Zip

Telephone

Telephone

I acknowledge that this permission is in compliance with the 1974 Family Educational Rights and Privacy Act.
(Valid until rescinded).

Student Signature _____ Date _____

One College Hill Road | Newton, New Jersey 07860
Phone: 973-300-2106 | sussex.edu

DURING COVID: Return the signed document from your Student Email to: bursar@sussex.edu Subject: FERPA