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RELEASE OF INFORMATION FORM

 6 W X G H Q W ¶ V 1 D P H

 Student ID Number

I grant New Jersey City University permission to release my education record information (including grades and grade point average) to:

_____my mother/father

 6 W X G H Q W ¶ V 6 L J Q D W X 3 U H U H Q W ¶ V 6 L J Q D W X U H

 Date

 Date