



**New Jersey City University**  
**Graduate Placement Office**  
**Division of Academic Career Planning and Placement**  
**Vodra Hall, 1<sup>st</sup> Floor, Room 101,**  
**(201) 200- 3005/6**  
**(800) 624-1046 / Fax: (201) 200-3229**

**CONSENT TO GRANTING ACCESS TO, OR RELEASE OF RECORDS TO, THIRD PARTIES**

I hereby authorize New Jersey City University, Academic Career Planning and Placement Office, its director and its staff to grant access to and/or to release all materials relating to me contained in the files of said Office for the purpose of furthering its efforts to assist me in securing employment, to all prospective employment except the following:

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I do not wish any records released to third parties other than the following described records:

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I understand that in order to revoke this authorization, I must do so in writing and that such revocation shall not apply to records to which access has been granted or which have been released to third parties prior to the date of revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date