**WAIVER, FAMILY EDUCATION RIGHTS AND PRIVACY ACT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, accept the appointment as a Teaching

 **PLEASE PRINT**

Assistant/Graduate Assistant and the terms and conditions set forth in the attached letter. I hereby authorize the University to release to the Rutgers Council of AAUP-AFT Chapters, my bargaining agent, the following information about me required by the AAUP-AFT in order to represent me (name ,RUID number, status, job class number, title, campus and home address, unit and department of assignment, membership dues, salary, range and step, appointment, expiration and employment dates).

 I understand that the AAUP-AFT will use this information merely to represent me and will not release such information to any such third party in a way in which I will be individually identified without my consent.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Name Employee ID Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address**

**Please return this form to your department within ten (10) days.**