UNC GREENSBORO
Financial Aid Office

P.O. Box 26170 ▪ Greensboro, NC 27402– 6170 ▪ *Phone:* 336-334-5702▪ *School Code:* 002976
finaid@uncg.edu ▪ http://fia.uncg.edu/ ▪ Document Uploader go.uncg.edu/qe774o

2020-2021 THIRD PARTY INFORMATION ACCESS

Student Name_____ Student ID_____
Last First Middle

Telephone (_____) _____ E-mail_____

The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's education records. Education records will not be released without written consent from the student. This form allows a student to authorize the release of their financial aid– related information to a third party. This form is only valid for the academic year indicated above.

I. SECTION ONE: As a current/former UNCG student, I voluntarily authorize the release of the following financial aid application information (e.g. Financial Aid Award Letters, Loan Request Forms) to the person or agency listed below.

1. List the specific financial aid– related information to be released to the third party named below (examples: "award information," "billing information," enrollment status," etc.): _____

   _____

2. Name and address of person to **receive** information (**must complete fully**):

   Name _____

   Address _____

   Fax Number _____

   ☐ This is a parent or legal guardian (Must complete PARENT/GUARDIAN REQUEST TO REVIEW EDUCATION RECORDS form).

3. I understand that I have the right to receive copies of the information disclosed to the above party. I also understand that I may be charged a reasonable fee for such service. Information will be released within 10 working days.

   ☐ I wish to receive copies of the information disclosed to the above party (will be mailed to student)

   ☐ I waive the right to receive copies of the information disclosed to the above party

II. SECTION TWO: Signature Authorization

Under penalty of perjury my signature below affirms that the information provided above is true and accurate to the best of my knowledge.

Signature_____ Date_____

If not completed in the presence of a Financial Aid Office Representative, then Notarization is required:

On this, the_____day of _____, 20____, before me, a notary public and the undersigned officer, personally appeared_____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

_____ Commission expires: _____
Notary Public

For Office Use Only: Complete below if the student signed this form & provided valid picture identification to a FAO representative.

FAO Representative Initials_____ Date_____