FAO Representative Initials\_

P.O. Box 26170 • Greensboro, NC 27402–6170 • Phone: 336-334-5702• School Code: 002976

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and Scholarships  SHIFT_ED THIRD PARTY INFORMATION ACCESS	
Telephone ( )	E-Mail
	d application information to SHIFT_ED. This form is valid for rolina at Greensboro for the first undergraduate bachelor's de-
SECTION A: TYPE OF INFORMATION TO DISCLOSE	
Type of information to disclose:	
<ul> <li>Adjusted Gross Income (AGI)</li> <li>Expected Family Contribution (EFC/SAI)</li> <li>Student ID#</li> <li>GPA</li> <li>Credit hours of Current number Academic start</li> <li>Degree programmer</li> <li>Declared mag</li> </ul>	oper of credits registered • Award information onling • Cost of attendance on Tuition cost
SECTION B: THIRD-PARTY DESIGNEE (PERSON/ORGANIZ	ATION/FOUNDATION)
As a current UNCG student, I voluntarily authorize the rele Financial Aid Award Letters, Loan Request Forms) to the p	ase of the following financial aid application information (e.g. erson or agency listed below.
Name and address of person to <b>receive</b> information:	
Name: SHIFT_ED	
Address: 2715-D Grandview Ave.	
Box 174	
Greensboro, NC 27408	
SECTION C: SIGNATURE AUTHORIZATION	
Under penalty of perjury my signature below affirms that of my knowledge.	he information provided above is true and accurate to the best
Student Signature	Date
If not completed in the presence of a Financial Aid Offic	ce Representative, then Notarization is required:
On this, theday of, 20, before and the undersigned officer, personally appeared, knows satisfactorily proven) to be the person whose name is within instrument, and acknowledged that he execute purposes therein contained. In witness hereof, I hereu official seal.	own to me (or subscribed to the d the same for the
Notary Public	Commission expires:
For Office Use Only: Complete below if the student signed this fo	rm & provided valid picture identification to a FAO representative.

SHIFTAccess; 07/11/23

Date\_