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

finaid@uncg.edu • spartancentral.uncg.edu • Document Uploader go.uncg.edu/qe774o

2023-2024 THIRD PARTY INFORMATION ACCESS Student Name Student ID First 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. SECTION A: RELEASE OF INFORMATION 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. Please check one or more boxes below to grant authorization: ☐ Application Data (FAFSA) Satisfactory Academic Progress Award Information Eligibility Other (please specify): ☐ Enrollment Status SECTION B: THIRD-PARTY DESIGNEE (PERSON/ORGANIZATION/FOUNDATION) Name and address of person to RECEIVE information (must be complete fully): Address SECTION C: RIGHTS AND RESPONSIBILITIES I understand that I have the right to receive copies of the information disclosed to the above party. Information will be released within 10 working days. I also understand this form shall remain in effect for the academic year until I revoke authorization. I wish to receive copies of the information disclosed to the above party I waive the right to receive copies of the information disclosed to the above party **SECTION E: SIGNATURE AUTHORIZATION** My signature below affirms that the information provided above is true and accurate to the best of my knowledge. If not completed in the presence of a Financial Aid Office Representative, then Notarization is required: _, 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 Notary Signature Student Signature SECTION F: REVOKE AUTHORIZATION I hereby revoke this authorization for release of information. Student Signature For Office Use Only: Complete below if the student signed this form & provided valid picture identification to a FAO representative. FAO Representative Initials_____ Date_