FAO Representative Initials_____ Date_

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

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2024-2025 THIRD PARTY INFORMATION ACCESS	
Student Name	Student ID
Last First	MI
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 auth	
Application Data (FAFSA)	Satisfactory Academic Progress
Award Information	Other (please specify):
☐ Eligibility	
☐ Enrollment Status	
SECTION B: THIRD-PARTY DESIGNEE (PERSON/ORGANIZATION/FOUNDATION)	
Name and address of person to RECEIVE information (must be complete fully):	
Name	
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	
\square 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:	
County, North Carolina	
I certify that the following person(s) personally appeared before me this day, each acknowledging to me	
	• • • • • • • • • • • • • • • • • • • •
5 5 5	Name(s) of principal(s)
Official Signature of Notary	
, Notary Public Notary's printed name	(Official Seal)
My commission expires:	
Student Signature	Date
	this form & provided valid picture identification to a FAO representative.