UNC GREENSBORO
Financial Aid *and* Scholarships

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

SHIFT_ED THIRD PARTY INFORMATION ACCESS

Student Name _____ Student ID _____
Last First MI

Telephone (_____) _____ E-Mail _____

This form is to authorize the release of your financial aid application information to **SHIFT_ED** for the purpose of determining eligibility for scholarship aid offered by the **SHIFT_ED** program. This information may only be used for this specific purpose and no other purpose. The information being disclosed includes return information disclosed under section 6103(1)(13) of title 26. This form is valid for the duration of enrollment at the University of North Carolina at Greensboro for the first undergraduate bachelor's degree, unless otherwise noted.

SECTION A: TYPE OF INFORMATION TO DISCLOSE

As a current UNCG student, I voluntarily authorize the release of the following financial aid application information:

- Adjusted Gross Income (AGI)
- Student Aid Index (SAI)
- Student ID#
- GPA
- Credit hours earned
- Current number of credits registered
- Academic standing
- Degree program
- Declared major
- Verification status
- Award information
- Cost of attendance
- Tuition cost
- Housing status
- College email

SECTION B: THIRD-PARTY DESIGNEE (PERSON/ORGANIZATION/FOUNDATION)

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

Name and address of person to **receive** information:

Name: **SHIFT_ED**

Address: **125 S. Elm Street**
Suite 500
Greensboro, NC 27408

SECTION C: SIGNATURE AUTHORIZATION

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

Student 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.

Notary Public _____ Commission expires: _____

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

FAO Representative Initials_____ Date_____