UNC GREENSBORO
Financial Aid *and* Scholarships

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2026–2027 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 authorization:

- ☐ Application Data (FAFSA)
- ☐ Award Information
- ☐ Eligibility
- ☐ Enrollment Status
- ☐ Satisfactory Academic Progress
- ☐ Other (please specify):

_____

_____

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
- ☐ 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 that he or she signed the foregoing document: _____ Date _____
Name(s) of principal(s)

_____
Official Signature of Notary

_____, Notary Public (Official Seal)
Notary's printed name

My commission expires: _____

Student Signature _____ Date _____

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

FAO Representative Initials_____ Date_____