



Request to Release Personally Identifiable and Confidential Information

Student Name: _____ BANNER: _____
Last First MI

The Family Educational Rights and Privacy Act (FERPA) requires the Office of Financial Aid to release detailed information to the student only. The student may, however, voluntarily waive their privacy rights to the person(s) identified in the statement below. By completing this form, the student grants the named person(s) access to information in the student's educational records.

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Office of Financial Aid to share any requested information concerning my financial aid application, awards, and other financial aid questions with _____.

(First and last name of the person (s) authorized to obtain information.) Please print legibly.

ADDITIONAL NAMES:

1. _____
2. _____

Student's Signature: _____ Date: _____

Office of Financial Aid

1200 Murchison Road* Fayetteville, North Carolina 28303-4298*910/ 672-1325
Fax 910/ 672-1423
Email: Finaid@uncfsu.edu