



2016-17
Request to Release Information
Protected by the Family Educational Rights and
Privacy Act (FERPA)

Please complete in black ink.

Name _____

Student ID # _____

I give Forsyth Technical Community College Office of Student Financial Services permission to release information relating to my financial aid. If the person you have authorized to receive your information comes in person, he/she must present a picture ID to confirm identity. Confidential information such as dollar amounts will **not** be provided by telephone.

Name	Relationship to Student	Purpose
Example: Jane Doe	Example: mother, spouse, case worker	Example: Helps me with my aid

_____ I certify that I am at least 18 years old.

_____ I certify that I am not yet 18 years old and, therefore, must have a parental signature.

Sign this Worksheet (REQUIRED)

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. (One parent must sign for students under the age 18).

 Student's Signature

 Date

 Parent's Signature (Students under the age of 18)

 Date