



**2017-18**  
**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