



Forsyth Technical Community College
Office of Student Financial Services
261 Allman Center
2100 Silas Creek Parkway
Winston-Salem, NC 27103

2019-2020 Request to Release Information Protected by the Family Educational Rights and Privacy Act (FERPA) and the Federal Privacy Act

Please complete legibly in ink

Name _____ Forsyth Tech ID _____

I give Forsyth Technical Community College Office of Student Financial Services permission to release information relating to my financial aid.

Agency Awarding Aid: _____

Contact Name: _____

Contact Address (mail or secure email):

_____ I certify 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). One parent must sign for a student under age 18.

Student Signature Date Parent Signature Date

An Equal Opportunity Educational Institution