



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

## **2020-2021 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