



2021-2022 Student Consent to Release or Request Information (FERPA Consent Form) For Financial Aid Purposes Only

This form must be completed and submitted in person by the student with photo identification.

Student Name: _____ CVCC Student ID: _____

The Family Educational Rights and Privacy Act (FERPA) provides students with certain rights concerning access to, and the privacy of, their education records. Unless an allowable exception applies, a student's education record cannot be disclosed to a third party, including the student's parent or guardian, without the student's written consent. Please be aware that CVCC is **prohibited** from disclosing parental information to a student unless specifically authorized in advance to do so by the parent(s). Parental information will be omitted from the information provided.

To Request Information

I wish to receive a copy of following financial aid records: The CVCC Office of Scholarships and Financial Aid (OSFA) will provide a response to your request to review your financial aid records within 10 working days of receipt of this form. Please check one.

Year(s) of records: 2018-2019 2019-2020 2020-2021 2021-2022

To Release Information

I hereby authorize the following family members listed below, access to information regarding my financial aid at CVCC. I have the right to rescind this request at any time. The disclosure of the student's information will be released to the individual(s)/parties listed below, once the identity has been confirmed.

Family Member	Name	Relationship	Purpose of Disclosure/Information Released
1	Ex. Jane Doe	Mother	Any information regarding Financial Aid
2			
3			

The individuals listed above must submit a **copy** of a non-expired state issued **driver's license** or **identification card**, to be verified before any information can be discussed.

Student's Signature: _____ Date: _____

Rescinding My Previous Release of Information

I, _____ hereby request all previous authorizations allowing **CVCC** to release information to third parties **be SUSPENDED until further notice**. Information regarding my financial aid record, with the exception of directory information as defined by Family Educational Rights and Privacy Act, is to be released solely to me, the student.

Student's Signature: _____ Date: _____

For Office Use Only

Complete below if the student signed this form before an OSFA Administrative and provided valid picture identification.

Financial Aid Administrator Signature: _____ Date: _____

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