

Scholarships & Financial Aid

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2024-2025 Unusual Circumstances Third Party Statement Form

Student Name:	CVCC Student ID:
	a third party is needed. Please complete the section below stement on your knowledge of the student's relationship
Your name:	Your telephone number:
Relationship to student:	
How long have you known the student?	
With whom does the student reside?	
When was the last time the student had contact	with his/her mother?
When was the last time the student had contact	with his/her father?
Is the student able to contact either parent by r	normal means (in person, phone, email, mail, etc.)?
Father: ☐ Yes ☐ No ☐ Don't Know	Mother: ☐ Yes ☐ No ☐ Don't Know
Certification and Signature By signing this form, I certify that all information contacted if further information is needed. Signature	tion is true and complete. I understand that I may be nature cannot be typed.
Signature:	Date: