

## **Scholarships & Financial Aid**

2550 US Highway 70 SE Hickory, NC 28602 Ph: (828) 327-7000 Ext: 4860

Fax: (828) 624-5208

## 2025-2026 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 <b>prohibited</b> 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.				
<b>To Request Information</b> I wish to receive a copy of following financial aid records: Scholarships and Financial Aid 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: ☐ 2022-2023 ☐ 2023-			□ 2024-2025	□ 2025-2026
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.    Name   Relationship   Purpose of Disclosure/Information Released				
Name Ex. Jane Doe	Relationship Mother		tion regarding Finan	
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The individuals listed above must submit a <b>copy</b> of a non-expired state issued <b>driver's license</b> or <b>identification card</b> , to be verified before any information can be discussed.  Student's Signature: Date:				
For Office Use Only Complete below if the student signed this form in your presence and provided valid picture identification.				
Financial Aid Administrator Signature:			Date:	