Central Piedmont Community College
Financial Aid/VA Office
P.O. Box 35009
Charlotte, North Carolina 28235-5009
Telephone: (704) 330-6942
Fax: (704) 330-5053

STUDENT CONSENT TO DISCLOSE FINANCIAL AID RECORDS

(To be completed by the student)

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records created or maintained by a school that receives Federal funds. Students who attend Central Piedmont Community College retain the right of privacy in their education records. CPCC may provide access to a student's education records to a third party if the student provides written consent using this form. I understand that I may rescind this form by submitting a signed, written request at any time.

I am / was (circle one) a student at CPCC. I hereby give my voluntary consent for CPCC officials to disclose the following financial aid records. [Specifically describe the records to be disclosed, e.g. "tax returns, "student aid report," verification worksheets," etc.]

The disclosure of the records listed above may be made to:

Name _____

Relationship _____

for the purpose of _____

I understand that under FERPA I have the right to receive copies of the records disclosed pursuant to this consent. I also understand that CPCC may charge me a reasonable fee for such copies.

☐ I do not wish to receive copies of the records that are disclosed pursuant to this consent.

☐ I wish to receive copies of the records that are disclosed pursuant to this consent. Please send records to me at the following address: _____

Name During Enrollment: _____ Student ID # _____

Student Signature: _____ Date: _____

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NOTARIZATION REQUIRED

(If the student does not personally appear)

State of _____
County of _____

I, _____, a Notary Public for said County and State, do hereby certify that due execution of this instrument and, being duly sworn by me, made oath that the statement in the foregoing instrument are true. Witness my hand and official seal, this _____ day of _____, 20_____.

OFFICIAL SEAL

_____
Signature of Notary Public

My Commission Expires: _____

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CPCC VERIFICATION OF STUDENT IDENTIFICATION REQUIRED

(If the student personally appears)

The above-named student personally appeared before me and I verified the student's picture identification.

Employee Signature: _____ Date: _____

**** When calls are received by our office, we are unable to release information without proper identifiers. ****

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

You should make a copy of this worksheet for your records.

Warning: ***According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.***