STUDENT REQUEST TO REVIEW FINANCIAL AID RECORDS

CENTRAL PIEDMONT COMMUNITY COLLEGE

Student Name _____ Student _____
Last First MI

Provide the address to which you would like your information sent:

Address _____
Street City State Zip

Local telephone (_____) _____ Permanent telephone (_____) _____

Email _____

Please be aware that CPCC is prohibited from disclosing parental information to a student unless specifically authorized in advance to do so by the parent(s).

As a current/former CPCC student, I wish to:

☐ Make an appointment to review the following financial aid records, and/or

☐ Receive a copy of following financial aid records

Year(s) of records: 2011-2012

I am seeking the following information and/or documents (please be as specific as possible):

Parental information will be omitted from the information provided.

The CPCC Financial Aid Office will provide a response to your request to review your financial aid records within 10 working days of receipt of this form. You must appear in person with picture identification to review or receive copies of your financial aid records. If you do not receive a response to your request within 15 days of the signature date below, please contact the CPCC Financial Aid Office.

Under penalty of perjury my signature below affirms that the information provided above is true and accurate to the best of my knowledge:

Signature_____ Date_____

If not completed in the presence of a Financial Aid Office representative, the notarization is required:

On this _____ day of _____, _____, personally appeared before me, the said named _____ known to me to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

_____ Commission Expires: _____
Signature of Notary Public

For Office Use Only:

Complete below if the student signed this form and provided valid picture identification to a Financial Aid Office representative.

FAO representative signature: _____ Date: _____

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.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.

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