

**Authorization to Disclose
FAFSA Data to Third Party
For Purposes of Award
Determination**



Complete Form & Return via:
Mail: Office of Financial Aid
9201 University City Blvd. Charlotte, NC 28223
Fax: (704) 687-1461
On Campus: Niner Central, 380 Cone Center
Reminder: No SSN can be accepted via email

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order for information to be released to third-party agencies information included on the Free Application for Federal Student Aid (FAFSA) requires a separate and explicit authorization. Please note that while this form authorizes UNC Charlotte to release education records to third parties, it does not obligate UNC Charlotte to do so. UNC Charlotte reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Student Name: _____ Student ID: _____
Last First

SECTION A. Education records to be released:

Financial aid information, including FAFSA information such as FAFSA completion, aid eligibility, adjusted gross income, verification status, and EFC. Also including GPA at UNC Charlotte, academic history, registered hours, award amounts, disbursements, eligibility, financial aid academic progress status, loan information (University-maintained loan disbursements, billing and repayment history).

SECTION B. Third-party to whom access to FAFSA and education records may be provided:

Name(s) of person(s) or agency to whom access to financial aid records may be provided

SECTION C. Duration of release (check one):

- One-Time Use: This authorization can be used only once
 Limited Use: This authorization expires on: _____
 Indefinite use throughout academic career at UNC Charlotte (up to four years)

SECTION D. Signature(s) and authorization

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent upon providing written notice to the UNC Charlotte Office of Financial Aid. I further understand that until revocation is made, this consent shall remain in effect and financial aid records will continue to be provided to Shift_Ed for the purpose(s) described above.

Student signature (required)

Date

Parent signature (required if dependent student)

Date