



Office of Scholarships and Financial Aid

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Name _____
Job Title _____

Email _____
Dept. _____

Indicate your role within the UNCW campus.

Auditor _____
Graduate Assistant _____
Temporary Employee _____
UNCW Administrator _____

Identify the information you seek to access and how you will use it.

Dates for access: Starting _____ Expiring _____

Information contained in university records, including but not limited to student, personnel, payroll, financial and alumni is confidential by law. Only an employee, that employee's supervisor(s) and authorized university personnel whose job responsibilities require use of that data may access such information. I will not use UNCW Computing resources or data for personal benefit. I will not disclose university data or my USER ID/PASSWORD to any individual. I understand unauthorized access and/or release of this information is prohibited by law and may result in disciplinary action, including dismissal.

Requestor's Signature _____

Date _____

Budget Authority's Signature _____

Date _____