



Office of Scholarships & Financial Aid
 601 S. College Road
 Wilmington NC 28403-5951
 910-962-3177 Telephone
 910-962-3851 Fax
finaid@uncw.edu

Student's ID: _____ Student's Last Name: _____ Student's First Name: _____
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****This form is valid only for the Office of Scholarships and Financial Aid.****

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) requires UNCW to release detailed information to the student only. Students may, however, voluntarily waive their privacy rights to the person(s) identified in the statement below. By completing this form, the student grants the named person(s) access to information in the student's educational and financial records.

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) and authorize The University of North Carolina at Wilmington to release personal information as indicated below to:

 (First and last name of the person[s] authorized to obtain information.) Check the box that applies to you.

- Educational records, including grades and class schedule.
- Financial records, including financial aid and student account information.

In order to ensure your privacy is maintained, an additional security question is required of anyone who requests your information. Please enter a question and the answer, below.

Privacy Question: _____
 (Example: What is my dog's name?)

Answer: _____
 (Example: Fido)

We will ask this question of anyone who calls to discuss your personal information. Please share this code with anyone you wish to have access to your information.

Student's Signature: _____ Date: _____