



OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

P.O. Box 1009 (27204-1009) • 629 Industrial Park Avenue • Asheboro, NC 27205
(336) 633-0200 • www.randolph.edu/fin_aid • Federal School Code - 005447

Creating Opportunities. Changing Lives.

2010-2011 Student Request to Review Education Records

Name: _____
Last First Middle Maiden

Current Mailing Address: _____

(Required) Social Security No: _____/_____/_____ Date of Birth: _____/_____/_____ City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Please be aware that RCC is prohibited from disclosing parental information to a student unless specifically authorized in advance to do so by the parent(s). Parents must submit a notarized statement specifying what they authorize to be released and to whom before records will be released to any third party.

Section One: As a current/former RCC student, I wish to:
 Make an appointment to review the following financial aid records, and/or
 Receive a copy of the following financial aid records:
Year(s) of records: 2008-2009 2009-2010 2010-2011

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

Parent information will be omitted from the information provided.

The RCC Office of Financial Aid and Veterans Affairs will provide a response to your request to review your financial aid records within 10 working days of receipt of this form. If you do not receive a response to your request within 15 days of the signature date below, please contact the RCC Office of Financial Aid and Veterans Affairs.

Section Two: Signature Authorization
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 Office of Financial Aid and Veterans Affairs representative, then 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.

Signature of Notary Public Commission expires: _____

For Office Use Only
Complete below if the student signed this form and provided valid picture identification to a FAO representative.
FAO Representative Initials _____ Date _____