

Office of Financial Aid & Veterans Affairs

629 Industrial Park Avenue • Asheboro, NC 27205 336-633-0200 • www.randolph.edu

2023-2024 Student Request to Review Education Records

Name:				
Last	First	Middle		
RCC Student ID or SSN:	City	State Date of Birth:	Zin	
Home Phone: ()	Work Phone: () Cell: ()		
	ent(s). Parents must su	bmit a notarized statement spe	ident unless specifically authorized cifying what they authorize to be	
\Box Receive a copy of the second sec	ent to review the followin he following financial aid	g financial aid records, and/or	4 🗆 Other	
I am seeking the following infor	mation and/or document	s (please be as specific as possibl	e):	
Parent information will be omit	ted from the information	provided.		
records within 10 working days	of receipt of this form. If		quest to review your financial aid your request within 15 days of the s.	
<i>Section Two</i> : Signature Authori Under penalty of perjury my sig knowledge.		t the information provided above	is true and accurate to the best of m	
Signature		Date		
If not completed in the presen required:	ce of a Office of Financ	ial Aid and Veterans Affairs re	presentative, then notarization is	
	,	, personally appeared known to me to be	peared before me, the said named to be the person described in and who	
that the statements in the forego	•	at he/she executed the same and b	being duly sworn by me, made oath	
Signature of Notary Public		-		
<i>For Office Use Only</i> Complete below if the student s FAO Representative Initials	igned this form and prov Date	ided valid picture identification to	o a FAO representative.	