



## 2025-2026 Student Request to Review Education Records

Name: \_\_\_\_\_  
Last First Middle Maiden  
Current Mailing Address: \_\_\_\_\_  
City State Zip  
RCC Student ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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: ☐ 2021-2022 ☐ 2022-2023 ☐ 2023-2024 ☐ 2024-2025 ☐ Other \_\_\_\_\_

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** **Office of Financial Assistance and Engagement** 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** **Office of Financial Assistance and Engagement**.

**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** **Office of Financial Assistance and Engagement** 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.

Commission expires: \_\_\_\_\_

Signature of Notary Public

*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\_\_\_\_\_