RANDOLPH COMMUNITY COLLEGE | OFFICE OF FINANCIAL ASSISTANCE

2027-2028 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: ☐ 2024-2025 ☐ 2025-2026 ☐ 2026-2027 ☐ 2027-2028 ☐ 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 Assistance 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 Assistance.

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 an Office of Financial Assistance 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_____