

Parental Financial Aid Confidentially Release (PFA CR)

2009-2010

UNC Asheville Office of Financial Aid ♦ One University Heights ♦ University Hall CPO# 1330 ♦ Asheville, NC 28804 ♦ (828) 251-6535
www.unca.edu/financialaid

Student's Name

Student's ID #

9 3 0 _____

Parent's Name

Parent's Phone Number

(_____) _____ - _____

By completing this form, the parent grants the named person(s) access to information provided to the Office of Financial Aid (i.e. Tax Returns, PLUS Loan Application information etc). Please note that some information cannot be given over the telephone.

Complete this form and submit to the UNC Asheville Office of Financial Aid.

I hereby authorize the UNC Asheville Office of Financial Aid to share confidential information relating to my parental financial aid records to:

Name: _____ Relationship: _____

Date of Birth __ __ / __ __ / _____

Name: _____ Relationship: _____

Date of Birth __ __ / __ __ / _____

I understand that this release is only valid for the 2009-2010 academic year and must be completed each subsequent year.

Parent's Signature: _____ Date: __ __ / __ __ / _____

UNC Asheville Representative: _____ Date: __ __ / __ __ / _____

If not in the presence of a UNC Asheville Representative, this form must be notarized below.

For Notary Public's Use Only:

Subscribed and sworn to me this the _____ day of _____, 20 _____

Printed Name: _____

Signature: _____

My Commission Expires: _____

(Notary Stamp/Seal)