

**Parental Financial Aid Confidentially Release (PFACR)**

**2010-2011**

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 2010-2011 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)