



2025-2026 "Say Yes to Education" Third Party Information Access

Last Name First Name Student ID# Telephone Number Email Address

This form is to authorize the release of your financial aid application information to Say Yes to Education Guilford. This form is valid for the duration of enrollment at Randolph Community College (RCC) for the first Associates degree, unless otherwise noted.

I. Section One: As a current RCC student, I voluntarily authorize the release of the following financial aid application information (e.g. Financial Aid Award Letters) to the person or agency listed below.

Type of information to disclose: Adjusted Gross Income (AGI), Student Aid Index (SAI), Student ID#, GPA, credit hours earned, current number of credits registered, academic standing, degree program, declared major, verification status, award information, cost of attendance, tuition cost.

Name and address of person to receive information:

Name: Say Yes to Education Guilford Address: 125 S. Elm St., Suite 500 Greensboro, NC 27401

I understand that I have the right to receive copies of the information disclosed to the above party. I also understand that I may be charged a reasonable fee for such service. Information will be released within 10 working days.

I wish to receive the information disclosed to the above party.

Mail to: _____

I waive the right to receive copies of the information disclosed to the above party.

II. 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 Financial Assistance Counselor, then Notarization is required:

On this, the _____ day of _____, 20____, before me, a notary public and the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Notary Public Commission expires: _____

For Office Use Only: Complete below if the student signed this form & provided valid picture identification to a FAO representative.

FAO Representative Initials _____ Date _____