

Halifax Community College  
Phone: (252) 536-7220  
Fax: (252) 538-4311

2012-2013

# FINANCIAL AID CERTIFICATION FORM

## Title IV Statement

(Required for ALL Financial Aid Applications)

For Federal Aid (Federal Pell Grant, FSEOG, William D. Ford Federal Direct Loan)

By my signature, I authorize HCC to use my Title IV program funds to pay for the cost of attendance charges and other institutional charges. Additionally, if I check **Yes\***, I can charge my books and required supplies in the HCC Bookstore against my federal financial aid during the authorized period at the beginning of each semester I am authorized aid. I understand that I have the option of changing my mind at any time and paying cash for anything other than tuition and fees.

\*Yes,  I want the ability to charge my books

OR No,  I will pay out-of-pocket

\_\_\_\_\_  
Student Name (Please Print Clearly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Social Security Number/Student ID#

\_\_\_\_\_  
Date

PLEASE DO NOT COMPLETE IF YOU DO NOT WISH TO RELEASE INFORMATION

### FINANCIAL AID CONSENT FOR STUDENT RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered 'directory' information. Educational records include financial aid and student account records which are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the Office of Student Financial Aid at Halifax Community College to obtain permission from a student in order to release financial information not excluded by FERPA laws. For a full disclosure regarding FERPA, see \* below.

In accordance with the Federal Education Rights and Privacy Act, I, the undersigned, authorize the release of my financial information to the individuals named below. This release only pertains to my financial records and does not allow the individuals named below, access to information from any other department or office except if it impacts financial aid eligibility and charges.

I agree to waive my rights under FERPA and allow the below-named person(s) access to my financial records effective as of this date and until revoked in writing to the Office of Student Financial Aid.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
\*\*Student ID Number

\_\_\_\_\_  
Date

\*Please refer to the current year school catalog or [www.halifaxcc.edu](http://www.halifaxcc.edu).

\*\* When calls are received by our office, we are unable to release information without proper identifiers. Callers must provide student ID number and/or social security number to be given information over the telephone.

### FINANCIAL OFFICE STAFF USE ONLY

\_\_\_\_\_  
Title IV Statement Check

\_\_\_\_\_  
\*\* FA STAFF INITIALS

\_\_\_\_\_  
DATE

PLEASE RETURN FORM TO:

Halifax Community College  
Financial Aid Office  
100 College Drive  
Weldon, NC 27890