



NORTH CAROLINA
STATE EDUCATION ASSISTANCE AUTHORITY
Repayment Services
PO Box 41903
Raleigh, N.C. 27629
Telephone 800-700-1775, option 1.
Fax 919-549-8481
repay@ncseaa.edu

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)
STUDENT LOAN INFORMATION RELEASE FORM

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. 1232g), also known as the Buckley Amendment, the North Carolina State Education Assistance Authority (NCSEAA) may release information or records concerning a student's account only upon the written consent of the student.

AUTHORIZATION TO RELEASE INFORMATION (Please print or type requested information)

I hereby give my voluntary authorization to officials of the NCSEAA to release information regarding my student loans to:

1. _____ 2. _____
(Name and relationship) (Name and relationship)
for the purpose of _____

Unless otherwise stated by the borrower, this consent authorization will permit the release of all records and any information contained therein. I understand that under FERPA I have the right to receive copies of the records disclosed pursuant to this consent.

___ I wish to receive copies of the records disclosed. ___ I do not wish to receive copies of the records disclosed.

BORROWER'S NAME: _____ SOCIAL SECURITY NUMBER: XXX-XX-_____

ADDRESS: _____
(Street, City, State, Zip)

PHONE: (_____) _____ - _____ E-MAIL ADDRESS: _____

_____(Signature of Borrower) _____(Date)

NOTARIZATION REQUIRED

State of _____

County of _____

On this ___ day of ____, ____, personally appeared before me, the said named ____, known to me to be the person described herein and executed the foregoing instrument and acknowledged that s/he executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Signature of Notary _____ My Commission Expires _____ SEAL