## 2024-2025

## **Explicit written consent**

(If Cannot Appear in Person to Be Signed with Notary)

| Print Student Name                                       | Student ID:  |
|--|--|
| (Student should Sign with Not                            | ary if student cannot appear in person at school)  |
| If the student is unable to appear in person at          | Alamance Community College (Name of Postsecondary Educational Institution)   |
| to sign the explicit written consent, the studen         | · ·  |
|  | to a driver's license, other state-issued ID, or passport; and   |
| (b) The original notarized explicit written con          | sent provided below.   |
| I certify that I this explicit written consent for Alama | ( <b>Print Student's Name</b> ) am the individual signing ance Community College to release my student financial aid |
| information for the 2024-2025 school                     | year to ( <b>Print Name</b> ).   |
|  |  |
| (Student's Signature)                                    | (Date)   |
| Notary's Certificate of Acknowledge                      | ement  |
| State of City  | /County of   |
| On, before r   | ne,,   |
| (Date)   | (Print Notary's name)  |
| personally appeared,(Printed name                        | of Signer), and provided to me   |
| `  |  |
| on basis of satisfactory evidence of ide                 | (Type of government-issued photo ID provided)  |
| to be the above-named person who sig                     |  |
| WITNESS my hand and official seal (seal)                 |  |
| , ,  | (Notary signature)   |
|  |  |
| My commission expires on                                 |  |

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.