

Golden LEAF Scholars Program – Two -Year Colleges Social Security Number Waiver Form

Community College: _____

Student Name: _____

The Golden LEAF Foundation requires every student receiving funds from the Golden LEAF Scholars Program – Two-Year Colleges, be tracked for graduation and employment status. This necessitates submission of a student's social security number and physical address which will be used only for this purpose. The Family Education Rights and Privacy Act (FERPA) and state law (Session Law 2005-414) require permission to be given for social security numbers to be used for this purpose.

Please check the statement that applies:

_____ I hereby give my permission for my social security number, address, and email address to be used for tracking purposes only in relation to the Golden LEAF Scholars Program – Two-Year Colleges.

_____ I do *NOT* give permission for my social security number nor addresses to be used for any purpose relating to the Golden LEAF Scholars Program – Two-Year Colleges. By checking this option, you will not be eligible for an award.

Student Signature

Date

Financial Aid Officer

Date

Financial Aid Officers: Student addresses will be added to the student roster/spreadsheet. However, the student's social security number must be listed at the bottom of this form; do *NOT* include the social security number on the student roster.

Please mail this waiver for each selected recipient to:

NCCCS • Melissa R. Lentz • 5016 Mail Service Center • Raleigh, NC 27699-5016

Student Information

*** Please provide *ALL* nine digits of your social security number. ***

Student's Social Security Number: _____ - _____ - _____

Student's Signature

Date

Student's PRINTED Name