



Northern Essex Community College

2011-2012 Financial Aid Information Release & Authorization

To be eligible for Financial Aid, you must submit the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov, be accepted into a degree or certificate program, and submit an official copy of your Final High School Transcript or GED certificate. If you have any questions, contact Financial Aid by email aid@necc.mass.edu.

Student Information

PLEASE PRINT

Name: _____ NECC ID: _____
Last First MI.

Permanent Address: _____
Number & Street (No P.O. Boxes) Apt# City State Zip code

If you are a Massachusetts Resident, please indicate your date of residency: _____ month _____ year

Home Phone #: (_____) _____ Cell/Daytime #: (_____) _____
Area Code Area Code

Email Address: _____ Date of Birth: ____/____/____

Statement of Understanding

In order for NECC to issue financial aid, certain aspects of the financial aid process must be clearly understood by the student. I certify, by signing below, that I have read this form in its entirety, and I agree to the following terms:

- I give permission to NECC to make changes to my FAFSA information, as necessary, based on the information I have provided.
- I understand I have the right to rescind this permission at any time by submitting a withdrawal of consent in writing to the financial aid office.
- I give permission to NECC to use any financial aid to be applied towards qualifying charges, such as tuition, fees, and other indirect educationally related expenses including books and health insurance.
- I understand that NECC may use any financial aid to cover prior semester balances up to \$200.
- I understand that if my financial aid is not sufficient to cover my charges, it is my responsibility to pay or make arrangements to pay any charges incurred before the semester begins or risk being dropped from my classes.
- I understand that if I attend classes prior to the final determination of my financial aid award, and I am later determined to be ineligible for financial aid, I am responsible for any balance on my account.
- I understand that if I do not attend classes and fail to withdraw, I am responsible for the total amount charged for my tuition and fees.
- I understand that if I withdraw from any classes or stop attending classes prior to the end of the semester, I may have to repay a portion of the financial aid I received through the return to Title IV funds process.
- I understand that I will not be able to register for classes or receive my official transcripts until I pay any debt created as a result of my withdrawal from school.
- I understand that I must repay any funds disbursed to me in error or for any period of time in which I was not enrolled and/or was ineligible.
- I understand that I must abide by NECC's Satisfactory Academic Progress Policy, published on the financial aid section of the NECC website, in order to receive any financial aid, including federal loans.
- I understand that important updates and information are sent directly to my NECC student email account, and I agree to monitor that email periodically in case the financial aid office requires additional documentation or important information needs to be sent to me during the course of the semester.

Student Signature: _____ Date: ____/____/____

Do you want to designate another person to discuss your Financial Aid Status? Please see reverse side.





**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
Authorization to Release information to a Third Party
2011-2012**

Student Name: _____ **Date:** _____

Student NECC ID _____

Specifically, FERPA prohibits an institution of higher education from releasing most student record information to any requesting third-party, absent the subject student's prior written consent. Failure by the College to comply with FERPA may result in a violation of federal law and jeopardize the College's federal funding. This form is a signed consent form by _____ (*print student's name*) authorizing Northern Essex Community College to release your educational record information to _____ (*print person or agency allowed to view records*).

Signature: _____

Date: _____

_____ SPACMNT

_____ Staff Initials

_____ Date