
(Last, First) Name



UNIVERSITY of NORTH CAROLINA
ASHEVILLE

_____/_____
Year/Term

I, _____ (Student ID Number: _____) authorize UNCA Business office to do the following with my student financial aid refund check. I will be away on my study abroad program for the _____ term and will not be available to personally pick up my student financial aid refund check when it becomes available. *(You will also need to complete the FERPA form in the OneStop Office and the notarized power of attorney form in the Study Abroad Office when you complete this form.)*

___ Please allow _____ (Relationship to student _____) to pick up my Refund. **The FERPA form must be completed to authorize UNCA to release your student account information and financial aid information to the individual listed above.**

Please contact _____ via email or phone at _____ when the refund is ready to be picked up.

___ Mail my refund to the following person and address:

Name: _____

Address: _____

By my signature below I am confirming that my refund check should either be mailed to the address listed above or released to the individual I have indicated above.

Signature of Student

Date

UNCA Representative

Date

Special Instructions:

