

Attachment IV

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

College: _____

Student Name: _____

The Golden LEAF Foundation has requested that students receiving funds from the Golden LEAF Scholars Program – Two-Year Colleges, be tracked for graduation and employment status. Student social security numbers will be used **only** for this purpose. This information will have no bearing on the selection process for this grant program. 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 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 to be used for any purpose relating to the Golden LEAF Scholars Program – Two-Year Colleges.

Student Signature

Date

Financial Aid Officer

Date

Financial Aid Officer - The student's social security number must be listed on the attached separate page only. Please mail both pages of this waiver form for each selected recipient to Karen Yerby, 5016 Mail Service Center, Raleigh, NC 27699.

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

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

Student Signature

Date