

Minnesota State Aid Waiver Form

Name (Please print)

Tech ID#/Star ID

Please indicate why you are voluntarily waiving your right to the Minnesota State Grant and Postsecondary Child Care Grant:

I am currently unable to provide my academic transcript(s), but plan to do so this semester.

NOTE: It is your responsibility to notify the financial aid office to review the transcript when it is provided. Disbursement will be based on your eligibility at the time of disbursement.

I am unable to provide my academic transcript(s) at this time. I understand that I am not eligible to receive Minnesota State aid until the transcripts are submitted.

NOTE: The Family Education Rights and Privacy Act (FERPA regulation 34 CFR 99.10) requires colleges to allow you access to your academic records even if there is a hold on your official records. This means you can physically inspect and copy your unofficial records, such as transcripts. If it is impossible for you to physically inspect the records, colleges must send copies of the requested records to you and may charge you for doing so. You can then submit the unofficial records to your current college which will review them to determine your eligibility for Minnesota State Grant and/or Postsecondary Child Care Grant. However, unofficial transcripts/records cannot be used to transfer in course work to your current college.

NOTE: If your previous college has closed, your transcripts may be held by another college or organization. This website provides information about private colleges that closed in Minnesota:

<http://www.ohe.state.mn.us/sPages/closedSchoolContact.cfm>

For schools in others states go to: <https://nasasps.org/resources/consumer-information-links/transcript-requests/>

Other: _____

By signing this waiver, I certify that I am voluntarily relinquishing any and all rights to Minnesota State Grant and/or Postsecondary Child Care Grant. I also understand that relinquishing my rights to the Minnesota State Grant may negatively affect other state financial aid programs that are dependent upon my eligibility for Minnesota State Grant, such as the Minnesota Indian Scholarship and Minnesota GI Bill programs.

I also certify that a member of the financial aid staff has informed me of all of my options, given me the opportunity to ask questions and answered all my questions to my satisfaction.

Student's Signature

Date

Signature of Campus Financial Aid Administrator

Date