



I certify that the above information is true. I understand that I may be required to provide documents which verify my financial need. I understand that I am responsible for my child care fees that are not paid by Wake Technical Community College. I hereby authorize the Financial Aid Office to obtain information (such as funding information, program eligibility and attendance verification) from my chosen child provider. I agree to inform the Child Care Coordinator immediately if there are any changes in my child care arrangements, my family status, or my student status. *Failure to comply with this agreement will lead to termination from the Child Care Grant Program.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>OFFICIAL USE: To be completed by staff.</b>	
_____	GPA
_____	Completion Rate
_____	Fall Credit Hours
_____	Spring Credit Hours
_____	Summer Credit hours

Requests for additional information regarding this form will be sent to your my.waketech.edu email address so be sure you are checking your Wake Tech email address regularly.

Email this completed, signed, and dated document to **Lana Mangum** at [lcmangum1@waketech.edu](mailto:lcmangum1@waketech.edu).

You may also bring this document to your nearest campus,  
mail it to Lana Mangum at 9101 Fayetteville Road, Raleigh, NC 27603  
or fax it to 919.335.1190.

**If you have questions, contact Lana Mangum at [lcmangum1@waketech.edu](mailto:lcmangum1@waketech.edu) or 919.866.5489**