

LAST NAME		FIRST NAME	MIDDLE INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #	

I give the SVSU Office of Scholarships and Financial Aid permission to change the following information on my 2011-2012 Free Application for Federal Student Aid (FAFSA):

Certification: I(We) certify that the information above is true and accurate to the best of my (our) knowledge.

Student Signature

Date

Parent Signature

Date

(Parent information is only needed if the student is considered dependent according to the guidelines set by the U.S. Department of Education.)