

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 2017-2018 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.)