

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):

FAFSA Question #102: "As of today, are you (or your spouse) a *dislocated worker?"

 YES

 NO

**In general, a person may be considered a dislocated worker if he or she has received unemployment benefits due to being laid off or losing a job, and is unlikely to return to the previous occupation.*

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.)