



Permission to Change Form

Academic Year 2009-2010

Office of Scholarships and Financial Aid \* 7400 Bay Road

University Center, MI 48710

(989) 964-4103 \* FAX: (989) 790-0180

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Form with fields: 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 2009-2010 Free Application for Federal Student Aid (FAFSA):

Five horizontal lines for providing information to be changed.

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.)