

Error Statement Form (ESF)

Academic Year 2025-2026 Campus Financial Services Center 7400 Bay Road, University Center, MI 48710 Phone: (989) 964-4900 Fax: (989) 964-4291

Email: cfsc@svsu.edu

LAST NAME	FIRST NAME	MIDDLE INITIAL
SVSU ID# or SS#	TELEPHONE#	

INSTRUCTIONS:

- 1. Please list the reported information provided on the 2025-2026 FAFSA, its corresponding line number on the FAFSA, and the correct information that should be entered on the FAFSA.
- 2. Provide any additional documentation needed to support the corrected information.
- 3. Sign this form and return it to the SVSU Office of Scholarships and Financial Aid.

2025-2026 FAFSA LINE NUMBER	REPORTED INFORMATION ON THE FAFSA	CORRECT INFORMATION

Certification: I/We certify that the information above is t	rue and accurate to the best of my/our knowledge
Student Signature	Date
Contributor Signature	Date

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

SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or veteran status in the provision of education, employment and other services.