

Permission to Change (PCF) Form

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

eoo Fax. (969)964-4291 Email: <u>cfsc@svsu.edu</u>

LAST NAME	FIRST NAME	MIDDLE INITIAL
SVSU ID# or SS#	TELEPHONE #	
give the SVSU Office of Scholarships and Financial Aid permission to change the following information on my 2025-2026 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	
Contributor Signature	Date	
Contributor information is only needed if the student is considered dependent according to the guidelines set by the J.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.