

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

I 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 U.S. Department of Education.)