

# Data Form



If the information we used to contact you differs from your current contact information, please update your contact information through the Student Portal.

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First M.I. Maiden

LAST FOUR DIGITS SS# \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

## FINANCIAL INFORMATION

\*DO YOU RECEIVE EMPLOYER REIMBURSEMENT?  Yes  No

IF YES, AMOUNT \$ \_\_\_\_\_ PER  Calendar Year  Academic Year

\*Be aware you are obligated to inform the Financial Aid Office of any employee educational benefits you are eligible for or become eligible for after submitting this form. They will be entered as a resource on your Award Letter and may affect your overall aid eligibility.

## COMPLIANCE STATEMENT

I verify that the information I have provided is true and accurate to the best of my knowledge. I authorize the Office of Financial Aid to discuss my application and/or my financial situation with public or recognized private agencies, which may be considering me for financial assistance. In addition, I authorize the Office of Financial Aid to make any corrections on my Student Aid Report after they verify for accuracy.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_