



REQUEST FOR CORRECTION OF DATA

Award year 2009-10 _____

Award year 2010-2011 _____

By signing below, I understand and acknowledge that in order to process a change involving dollar amounts; I must submit W2 forms, income tax returns and/or document untaxed income. I also understand that these changes will be transmitted to the Federal Processor and may affect my financial aid eligibility. Corrections do not always result in a change to overall eligibility.

I certify that the adjustments being requested are corrections to the original data reported.

STUDENT NAME: _____ APSU STUDENT ID: _____
(PRINT)

STUDENT SIGNATURE: _____

DAYTIME PHONE NUMBER: _____

STUDENT APSU EMAIL ADDRESS: _____

PARENT SIGNATURE (IF DEPENDENT): _____

<u>Change category</u>	<u>Change to</u>
EXAMPLE: number in household	4
_____	_____
_____	_____
_____	_____

COMMENTS: _____