

\_\_\_\_\_  
Last First MI

RETURN TO:

@ \_\_\_\_\_  
Student ID# Date of Birth

OFFICE OF FINANCIAL AID

\_\_\_\_\_  
Previous Last Names (if applicable)

**REQUEST FOR ADDITIONAL INFORMATION**  
**(Complete sections as indicated to prevent delays)**

Information that was reported on your 2017-18 FAFSA is unclear or was left blank. Provide the necessary information and/or explanation(s) as requested below:

**SECTION A:**

1. Will you have your first bachelor's degree before July 1, 2017?  
 YES  NO
2. Will you be working on a degree beyond a bachelor's degree in school year 2017-18?  
 YES  NO

**SECTION B:**

You reported income for yourself or spouse on your 2017-18 FAFSA, however failed to provide important information needed to determine eligibility. Provide the following information.

Marital Status:  Single  Married  Divorced  Separated

Date of Marital Status \_\_\_\_\_

Spouse Name (as listed on the Social Security Card) \_\_\_\_\_

**SECTION C:**

You reported income for one or both of your parents on your 2017-18 FAFSA, however you failed to provide important information needed to determine eligibility. Provide the following information.

Parents' Marital Status:  Single  Married  Divorced  Separated  Unmarried, but living together

Date of Marital Status \_\_\_\_\_ Parents' State of Legal residence \_\_\_\_\_

**Parent One:**

First and Last Name  
(as listed on the Social Security Card) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Parent Two:**

First and Last Name  
(as listed on the Social Security Card) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**SECTION D:**

1. Write a statement explaining how you are **CURRENTLY** providing for the support of your dependent(s). (Include your current source(s) of income and monthly (\$) amounts.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. OTHER: \_\_\_\_\_  
\_\_\_\_\_

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

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_  
(For Dependent Students)

DATE \_\_\_\_\_