

## 2014 – 2015 INFORMATION UPDATE FORM

**Use this form to update the Office of Scholarships & Financial Aid on aid cancellation, enrollment status changes, adjustment requests, corrections, additional financial aid awards, and questions regarding your financial aid award.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

SSN \_\_\_\_\_ Student ID \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Select term to update

Fall 2014   
  Winter 2015   
  Spring 2015   
  Summer 2015

### Complete this section, then sign and date

Cancel all financial aid   
  Cancel specific financial aid (explain below)  
 Reinstate Aid   
  Increase aid   
  Other

Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**1) Housing Status during the 2014-2015 academic year**

On Campus/Off Campus    OR     With Parents

**2) Are you receiving aid from an outside source not listed on your financial aid award?** (Examples: company scholarships, tuition assistance, agency awards or Wisconsin veterans' benefits)     Yes     No

IF YES, list name of aid and the amount: \_\_\_\_\_

*I certify that this information is true and correct to the best of my knowledge. If I provide false or misleading information, I understand that I may be subject to fine, prison or both.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_