

Southwestern Oregon Community College Office of Financial Aid 1988 Newmark Avenue Coos Bay, Oregon 97420

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2015-2016 FAFSA Additional Information Request Form

Student Information	
Student's Name: Student ID #:	
The following were either left blank on your FAFSA or we require further clarification. This information is needed to finish the review of your application. Please complete the areas below, and sign and date the boof the page.	
What is your state of legal residence and the date you became resident*?	
Student State of Residency: Date:	
Student State of Residency: Date: *In order to be considered an Oregon Resident you must have lived in Oregon for a period of one year.	_
What was your marital status as of the date you filed the FAFSA? I am single I am married/remarried I am separated I am divorced or widowed Month and year you were married, remarried, separated, divorced or widowed: Month Year Year No	
Parent Information (for dependent students only)	
What is your parents' state of legal residence and date they became residents(s)*?	
what is your parents state or legal residence and date they became residents(s):	
Parent State of Residency: Date:* *In order to be considered an Oregon Resident you must have lived in Oregon for a period of one year.	
*In order to be considered an Oregon Resident you must have lived in Oregon for a period of one year.	
What was your <u>parents'</u> marital status <u>as of the date you filed the FAFSA</u> (only dependent students)?	
 □ Married/Remarried □ Never Married □ Unmarried and both parents living together □ Divorced or Separated □ Widowed 	
Month and year they were married, remarried, separated, divorced or widowed: Month Year	
Signature and Date	
Student's Signature Date Parent's Signature Date	ate