QUEENSBOROUGH COMMUNITY COLLEGE CUNY

OFFICE OF FINANCIAL SERVICES

2018-2019 ISIR Change Form

STUDENT NAME: _____ **ID#:** _____

The information you have reported on your 2018-2019 FAFSA does not match with the document(s) that you submitted. Please sign below to authorize the Office of Financial Services to make the corrections for you.

Incorrect information was identified in the following categories:

- ☐ Student Demographic Information
- ☐ Student Income & Assets
- ☐ Student Dependency Status
- ☐ Parent Demographic Information
- ☐ Parent Income & Asset Information
- ☐ Student Household Size/Benefits
- ☐ School Code and Housing Plans
- ☐ Student and/ or Parent's Signature

Corrected Items:

_____

_____

_____

Certification and Signature

I authorize the Office of Financial Services at Queensborough Community College to make the changes above based on information I/we have provided. I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize the student's financial aid eligibility.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Only required if student is a dependent)

**********FOR OFFICE USE ONLY**********

FA Staff Comments:

_____

_____

Reviewed by & Date: _____ Verification: _____ Original EFC: _____ New EFC: _____

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