

LaGuardia Community College
 Student Financial Services C107
 31-10 Thomson Avenue
 Long Island City, NY 11101
 Tel: 1-718-482-5242
[.StudentFinancialServices@lagcc.cuny.edu](mailto:StudentFinancialServices@lagcc.cuny.edu)
[u](http://www.lagcc.cuny.edu/sfs)
 On the Web @: www.lagcc.cuny.edu/sfs.

2009 - I. S. I. R. - 2010

SS# _____ - _____ - _____

Name _____

DRN: _____
 EFC: _____
 I LAP D LWP

This form is used to correct erroneous information from your original student aid application (*shaded items display parent's information, if provided*). You and or your parent must sign this form to authorize Student Financial Services at LaGuardia to make corrections to your FAFSA. Your DRN (can be found on your Student Aid Report @ www.fafsa.ed.gov) is required for Student Financial Services to process the changes. This form and the data it contains are for office use only.

Do NOT mail this form to the U.S. Department of Education.

NB: Please complete, sign and return this form to Student Financial Services in Room C-107.

STUDENT'S INFORMATION	CHANGE ANSWER TO
01. Last Name	
02. First Name	
03. Middle Initial	
04. Permanent Address	
05. City	
06. State	
07. Zip Code	
08. Social Security Number	
09. Date of Birth	
11. Driver's License Number	
12. License's State	
14. Citizenship Status	
15. Alien Registration Number	
16. Marital Status FAFSA Date	
17. Date Married/Div/Sep.	
18. State of Residence	
21. Male or Female?	
26. HS Diploma/GED?	
27. Bachelor Degree 7/1/09?	
28. Grade Level in 2009-2010	
29. Degree or Certificate	
33. 2008 IRS Income Tax?	
34. 2008 Tax Form	
36. Gross Income	
37. U.S. Income Tax Paid	
38. Exemptions Claimed	
39. Income Earned	
40. Spouse's Income Earned	
41. CASH, SAVINGS/ CHECKING	
42. Net Worth Investment Rt/St	
43. Net Worth Bus/Farms	
44. VA EDU. BENEF 7/09-6/10?	
45. VA Benefit /Chapter 30	
46. Additional Fin. Info	
47. Untaxed Income	
49. Are You Married?	
50. Has Masters or Doctorate?	
51. Active Military Duty?	
52. Veteran of U.S.A.F.?	
53. Support Children?	
54. Other Dependent?	
55. Orphan or Ward?	
56. Emancipated Minor?	
57. In Legal Guardianship?	
58. SDL Verified Homeless?	
59. Homeless by DOH/ UD?	
60. Unaccompanied at Risk?	
PARENT(S)' INFORMATION FOR DEPENDENT STUDENT	
61. Parent(s) Marital Status	
62. Date Married/Div/Sep	
63. Step/Father's SS#	
64. Step/Father's Last Name	
65. Father's First Name Initial	
66. Step/Father's DOB	

PARENT(S)' INFORMATION	CHANGE ANSWER TO
67. Step/Mother's SS#	
68. Step/Mother's Last Name	
69. Mother's First Name Initial	
70. Step/Mother's DOB	
72. State of Residence	
75. # Family Members 09-10	
76. # In College for 09-10	
82. Parent Filed 2008 Tax?	
83. 2008 Tax Form Used	
85. Parent Worker Dislocated?	
86. Adjusted Gross Income	
87. U.S. Income Tax Paid	
88. Exemption Claimed	
89. Father's Earned Income	
90. Mother's Earned Income	
91. Total Cash, Savings/Checking	
92. Net Worth Invest Rt/St	
93. Net Worth Bus/Farms	
94. Parent Additional Fin. Info	
95. Parent Untaxed Income	
STUDENT/SPOUSE'S INFORMATION (INDEPENDENT)	
96. # Family Member IN 09-10	
97. # In College for 09-10	
103. Student Worker Dislocated?	
104. College Name / Code	
105. Housing Plans	
106. DEPENDENCY OVERRIDE	
CURRENT TRANSACTION	01 02 03 04 05 06
TRANSACTION IN PROGRESS	02 03 04 05 06 07

CERTIFICATION

By signing this worksheet, I authorize Student Financial Services at LaGuardia CC to make changes to my SAR based on information I provided. All signatories certify that all the information provided is true and complete to the best of their knowledge, and furthermore agree, if asked, to give proof that the information is correct. The proof may include a copy of the U.S. Income Tax return filed by student/spouse and/or parent(s). I understand that if I and/or my parent(s) purposely give false or misleading information on the SAR, I may be fined, sent to prison or both.

Student's Signature _____ Date: _____

Step/Father or Mother' Signature _____ Date: _____

For questions 46, 47, 55, 56, 57, 58, 59, 60, 85, 94, 95, 103 & 106 attach documentation to this worksheet.

OFFICE USE ONLY	
_____	_____
Financial Aid Counselor	Date