



SOUTHWESTERN OREGON COMMUNITY COLLEGE

FINANCIAL AID OFFICE

1988 NEWMARK ♦ COOS BAY OR 97420-2912 ♦ (541) 888-7337 ♦ 1-800-962-2838 ext. 7337

[www.socc.edu/serv\\_resrc/faweb2](http://www.socc.edu/serv_resrc/faweb2)

FAFSA INFORMATION REQUEST

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

The following **were either left blank** upon completion of your financial aid application **or need further clarification**. This information is needed to finish the review of your application. Please complete the areas below, and sign and date at the bottom of the page.

Where will you be living during the 2008-2009 academic year?

- 1 Campus student housing
- 2 Off-campus - (e.g., own home, rental, apartment)
- 3 With parent(s)
- 4 With relatives other than parents

What is your and/or your parents state of legal residence and date you became a resident?

Student: \_\_\_\_\_ Parent: \_\_\_\_\_  
 Date: \_\_\_\_\_ 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, divorced, or widowed
- I am married.
- I am separated.

Month and year you were married, separated, divorced, or widowed: \_\_\_\_\_

Will you have your first bachelor's degree before July 1, 2008? Yes  1 No  2

Student's Signature: _____	Date: _____
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