



Southern University –Student Financial Aid
P.O. Box 9961 T.H. Harris Annex Bldg. 139A
Baton Rouge, Louisiana 70813
(225) 771-2790 fax: (225) 771-5898
www.subr.edu

Information Update Request Form (2016-2017)

Name _____ SSN or SID _____

Email _____ Telephone Number: _____

Please indicate the type of Request that applies:

Add/Update Award as Follows: Check all that apply

- | | | |
|--|---------------|---------------|
| <input type="checkbox"/> Add a Subsidized loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Add an Unsubsidized loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Add a Parent PLUS Loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Add Additional Unsubsidized loan due to PLUS Denial. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Add an Alternative Loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Other Loan Changes: _____ | Period: _____ | Amount: _____ |

Cancel/Update Awards as Follows: Check all that apply

- | | | |
|--|---------------|---------------|
| <input type="checkbox"/> Cancel/Adjust my Subsidized loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Cancel/Adjust my Unsubsidized loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Cancel/Adjust my Parent PLUS Loan to my Financial Aid Package. | Period: _____ | Amount: _____ |
| <input type="checkbox"/> Cancel/Adjust my Alternative Loan to my Financial Aid Package. | Period: _____ | Amount: _____ |

Cancel/Update Awards Due to:

- ☐ Withdrawing from the University
- ☐ Will be returning for the _____ semester.
- ☐ Will not be returning for the _____ semester
- ☐ Will not attend for the following period: *Check all that apply* () Fall 2016 () Spring 2017 () Summer 2017

Cancel/Update All Awards Due to:

- ☐ Withdrawing from the University
- ☐ Will be returning or the _____ semester.
- ☐ Will not be returning for the _____ semester
- ☐ Will not attend for the following period: *Check all that apply* () Fall 2016 () Spring 2017 () Summer 2017

Cancel/Update my Work-Study Awards for the following Period(s):

- ☐ Fall 2016
- ☐ Spring 2017
- ☐ Summer 2017

Change of Housing Status:

I am requesting that the Housing Status indicated on my 2016-2017 FAFSA be changed to reflect my actual housing status for the before-mentioned period. My updated housing status is:

- ☐ Living On-Campus
- ☐ Living Off-Campus (student must provide a statement along with a copy of their lease or mortgage agreement)
- ☐ Living With Parents

☐ Section II. Certification Statement

I certify that the information I have provided is accurate and complete.

Signature _____ Date _____