

Office of Financial Aid

SENATE BILL 1528 STUDENT DATA



**All information must be complete before this form can be accepted.
Please print or type all information.**

STUDENT DATA

Last Name:		First Name:		Middle Initial:
Date of birth:		Phone:	Student ID:	
Current address:				
City:		State:	ZIP Code:	
Email address:			Male	Female
Emergency Contact:		Emergency Contact Phone Number:		

Academic Information

Name of Secondary School or High School in the U.S.	
Name:	Date(s) Enrolled:
List all colleges or Universities you have attended:	
Name:	Date(s) Enrolled:
Name:	Date(s) Enrolled:
Name:	Date(s) Enrolled:

Immigration Information

Country of Citizenship:	Country of Residence:
Country of Birth:	

Requirements:

- Must file a FAFSA or complete all sections of a paper FAFSA; original signatures
- Must sign Affidavit (attached)
- Copy of **Original** Birth Certificate
- Must register for Selective Service (males only) – VERIFIABLE at www.sss.gov
- Graduated from Texas High School, attended at least 3 years prior, currently live in Texas
- Maintaining a 2.00 GPA
- Must provide parents' and/or student's 2015 TAX RETURN TRANSCRIPT if they pay federal income taxes www.irs.gov/800-829-1040

By signing below I agree that all information above is true and correct.

Signature:	Date:
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