

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

Student Name:	Student SS/ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student email:
Student Phone:	Student Alternate Phone:

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
- Must complete a Verification Worksheet
- *Must complete Signature Page*
- 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 term GPA of 2.0
- 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:
------------	-------