

Request for Prior Award Information

Academic Year

If you need assistance with completing this form, please call our office at 855-278-5080 or visit one of our office locations listed at students.asu.edu/contact/financialaid.

SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

Last Name		First Name		Middle I.	10-Digit ASU ID	9-Digit Campus ID
Local Street Address			City	State	Zip Code	Daytime Phone Number

INSTRUCTIONS

IN ORDER TO RETRIEVE awards from the 2007-2008 academic year forward, you do not need to submit this form; please access your financial aid information on My ASU (my.asu.edu) under Finances.

IN ORDER TO REQUEST a list of awards **prior to the 2007-2008 academic year** from Student Financial Assistance, please do the following:

1. Complete the required Section B below regarding your request for information.
2. If this form is **not** submitted in person with a photo ID, you must have Section C notarized by a notary public.

PROCESSING TIME: Due to the nature of this type of request, please allow at least two weeks to process. When your request has been fulfilled, our office will mail the results to the local address listed in Section A above.

RETURN THIS FORM TO: Financial Aid and Scholarship Services, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-9484, unless otherwise instructed by a financial aid staff member. FedEx and UPS customers must send to: Student Services Building, Forest & Gammage Parkway, Tempe, AZ 85287.

SECTION B: REQUEST INFORMATION (PLEASE PRINT CLEARLY.)

Academic Years to Research (provide a list of academic years or a range of academic years)

Types of Aid to Research (select all that apply)

- Grants
 Scholarships
 Loans
 Federal Work-Study
 All Aid Types

SECTION C: CERTIFICATION AND SIGNATURE (MUST BE COMPLETED BY THE STUDENT.)

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. **(Sign in the presence of a notary public if this form is not submitted in person with a photo ID.)**

Student's Signature

Date form was signed

Notary Public Signature (Required if this form is not submitted in person with a photo ID.)

Notary Public

FOR OFFICE USE ONLY

Staff Initials	Date	E <input type="checkbox"/>	P <input type="checkbox"/>	Notes:
----------------	------	-------------------------------	-------------------------------	--------