

Student Information

Student's Name: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Student's SFSC ID: _____ Phone: (_____) _____

Additional Information

Select the option that describes your change in housing. Sign and submit this form with required documentation to the Financial Aid Office.

1. My housing plans for the academic year are:

- ☐ I will be living in the SFSC Jacaranda and have completed my housing contract.
- ☐ I will be living off-campus and a copy of my lease or agreement is attached.
- ☐ I will be living with my parents.

2. This change is effective: (check one)

- ☐ Fall
- ☐ Spring
- ☐ Summer

➤ **By signing below, the student acknowledges and confirms that the above is complete and correct.**

Print Student's Name_____
Student's Signature_____
Date

Please submit all documents to: SFSC Financial Aid Office
600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu