

REQUEST TO SEND FINANCIAL AID TO A TEMPORARY ADDRESS

(please print)

STUDENT NAME: _____

STUDENT ID: _____ PHONE: _____

My Financial Aid is for: (Check one only)

- Fall 20____
 Spring 20____
 Summer 20____

Type of Financial Aid: (i.e., Stafford, Unsub, Pell Grant, All, etc.)

Address where you would like your aid mailed:

Address

City, State, Zip Code

I hereby authorize The University of Arizona to mail my financial aid award. I understand that if my lender sends my bank loan in the form of a check, the check must be endorsed by me and returned to The University of Arizona to be applied to my account. I also understand that if I have any encumbrance owed to The University of Arizona, it will be deducted from my financial aid before the residuals are mailed to me.

STUDENT SIGNATURE _____ DATE _____
(required)

If faxing or mailing this form, student must include a copy of valid photo ID (e.g. driver's license, CatCard)