For document submission via secure Financial Aid Office Drop Box and postal mail

Last Name	First Name	Student ID
Mailing Address	City/State/Zip	Date of Birth
Primary Telephone	Email Address	

Type of Documents Submitted (specify each document individually):

1. _____

2. _____

3. _____

4. _____

5. _____

Number of documents submitted:_____

Date documents were requested:_____

Student Name (Please Print) _____Student Signature_____

By signing this document:

- I attest that I have read and understood the Financial Aid Document Submission Policy in full.
- I understand that it is my obligation to submit <u>all</u> requested documents in unison and that said documents must be <u>appropriately completed and contain all required information</u>.
- I further understand that the Financial Aid Office assumes no responsibility for incorrect, incomplete, or unsolicited documents; nor will the Financial Aid Office process my documents if they are submitted out of accordance with the stated submission policy.

A-B Tech's Vision: Changing Lives. Strengthening Communities.

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

1. Type your answers into the fillable fields for clarity.

2. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.

3. Save this document to your computer, or print it immediately, to prevent loss of the data you entered.

4. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.

5. Adobe Reader must be used to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.