

Student Financial Aid  
Campus of Record Change Request

Student's information:

\_\_\_\_\_

Last Name

First Name

Student ID# (10 digits): \_\_\_\_\_

Effective semester/year \_\_\_\_\_

Campus change to: \_\_\_\_\_

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Today's Date

Financial Aid Office Staff:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_