

08-09



Office of Student Financial Aid
150 Tirey Hall, Terre Haute, IN 47809
Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925
Email: finaid@indstate.edu
Web: www.indstate.edu/finaid

SSACI COLLEGE CHANGE FORM

TO: SSACI, Grant Division
FROM: Office of Student Financial Aid
DATE: _____

STUDENT NAME: _____

STUDENT SOCIAL SECURITY NUMBER: _____

STUDENT ID NUMBER: 991-_____ - _____

I HEREBY GRANT PERMISSION FOR THE STATE STUDENT ASSISTANCE COMMISSION OF INDIANA (SSACI) TO CHANGE MY INSTITUTIONAL CHOICE TO:

INDIANA STATE UNIVERSITY – 001807

FOR THE

_____ 2008-2009 ACADEMIC YEAR _____ FALL 2008 _____ SPRING 2009

Please submit this document to:

Indiana State University
Office of Student Financial Aid
150 Tirey Hall
Terre Haute, IN 47809

By submitting this form, I certify that all of the information above is complete and correct.

Student Signature (*required*)

Date