**Lincoln University**

DEPARTMETNT OF STUDENT FINANCIAL AID
820 CHESTNUT STREET,
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JEFFERSON CITY, MO 65101
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# AUTHORIZATION TO MAKE CORRECTIONS ON ISIR

**NAME:** _____
(Please PRINT)

**SSN:** _____

**I am authorizing the Department of Student Financial Aid to make changes to the following items checked on my ISIR (institutional version of my Student Aid Report (SAR)):**

| | **Student Information** | **Parent Information** |
|---|---|---|
| ☐ Assets | | |
| Total Cash, Savings, and Checking: | _____ | _____ |
| Net Worth of Investments: | _____ | _____ |
| Net Worth of Business/Investment Farm: | _____ | _____ |
| ☐ Date of Birth | _____ | _____ Mother |
| | | _____ Father |
| ☐ Marital Status* | _____ | _____ |
| | *Meaning Married, Divorced, or Separated. | |
| Date of Status | _____ | _____ |
| ☐ Social Security Number (**must provide a copy of Social Security Card**) | | |
| | _____ | _____ Mother |
| | | _____ Father |

Please provide your phone number where we may contact you, if needed.

Phone: _____ _____
Student's Parent's

By signing this form, I (we) certify that all information reported is complete and accurate. I understand that the only purpose for this information is to complete and/or correct the ISIR (institutional version of Student Aid Report). This document will be maintained in the students file for the sole purpose of supporting any changes that the Department of Student Financial Aid makes to the FAFSA.

_____
Student Signature Date

_____
Parent Signature Date

For Office Use Only:

____ Corrected on Datatel _____/_____/_____ _____ Old EFC

_____ Verified on new transaction _____/_____/_____ _____ New EFC

_____
Counselor's Signature Date