

## Request For Action



Office of Financial Aid  
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### REQUESTED TERM(S)

- Fall 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Summer 20\_\_\_\_

### STUDENT INFORMATION

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Student ID Number*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Phone Number (include area code)*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### ACTION(S) NEEDED

\_\_\_\_ I will be attending \_\_\_\_\_ term(s). Reprocess aid for that period.

\_\_\_\_ Cancel my financial aid application or awards for \_\_\_\_\_ term(s). I will not be attending.

\_\_\_\_ My housing plans have changed. Update my cost of attendance per the attached documentation.

\_\_\_\_ I will receive other financial aid that is not on my Award Notification.

\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_