FINANCIAL AID AND SCHOLARSHIP SERVICES

Review Form Supplement

ARIZONA STATE UNIVERSITY

If you need assistance completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle I.</th>
<th>10-Digit ASU ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Local Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Daytime Phone Number</th>
</tr>
</thead>
</table>

PURPOSE

We have received your review form and determined that additional information is required in order to continue processing.

Please Note: If all documentation is not received within 14 business days, the processing of your review form will be delayed.

INSTRUCTIONS

1. This form will not be processed if any items are left blank or illegible.
2. Use blue or black ink only. Please type or print clearly.
3. Complete Section A and sign section B.
4. Include spouse’s information if this form is a supplement to a Student Income Reduction Review form and you were married when you filed the FAFSA.
5. Include parent’s information if this form is a supplement to a Parent Review form.
6. This form will not be accepted without the requested documentation attached. Check your ASU email account for specific documentation being requested.
7. Submit this form by mail to P.O. Box 870412, Tempe, AZ 85287-0412, in person at any Financial Aid and Scholarship Services locations, or upload this back to your My ASU account.

SECTION A: SUPPLEMENTAL INFORMATION

Check the reason(s) why this supplemental form is being submitted:

- Signed and notarized personal letter
- W-2
- Last paycheck stub
- Paid receipts (not billing statement)
- Letter from childcare provider
- Tax Return Transcript
- Marriage Certificate
- Divorce decree/legal separation paperwork
- Documentation requested by counselor (specify):

SECTION B: CERTIFICATION AND SIGNATURE

By submitting this form, you certify that the submitted information is true and correct to the best of your knowledge and belief. If asked by an authorized official, you agree to provide additional proof of the information provided on this form. You understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Signature

Date form was signed