



SUNY BROCKPORT
Office of Financial Aid

REQUEST FOR SOCIAL SERVICES DOCUMENTATION

Please complete Section A of this form, then take it to your caseworker to complete Section B. Return the form to the Financial Aid Office as soon as possible. We are unable to continue processing your financial aid until we receive this completed form.

Section A: (To be Completed by Student)

Student's Name: _____ SSN: _____

Parent's Name: _____ SSN: _____

Parent's Name: _____ SSN: _____

Address: _____

I authorize release of this information to the SUNY Brockport Financial Aid Office.

Student Signature Parent Signature Parent Signature

Section B: (To be Completed by Caseworker)

List all members of household counted when granting social service benefits:

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____

Total Benefits Received in the Calendar Year: **2007**

Public Assistance. . . _____
Food Stamps. _____
Housing Assistance. _____
ADC. _____
Other. _____
Total. _____

Caseworker Signature Date Phone Number (include area code)

V03 (1/08/08)