

Office of Financial Aid 3303 Rebecca St. Sioux City, IA 51104 (712) 279-5530 Financial.Aid@briarcliff.edu

## **Housing Plan Change Form**

Α.	Student's Information			
	Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number
	Student's Street Address			Student's Date of Birth
	City	State	Zip Code	Student's Email Address
	Student's Home Phone Number (include area code Number		2)	Student's Alternate Cell Phone
	Parents' Names		Phone Number	
В.	Housing Plans			
	Expected housing status:	☐ Off-Campus	☐ On-Campu	s 🔲 With Parent
	Housing plan changes do not always result in additional financial aid eligibility.  Additional loans may be necessary.			
C.	Certification and Signatur	e		
	I certify that all of the information reported on this worksheet is complete and correct.		WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	
	Student's Sign	nature		 Date