

Dear Student:

On your original application for financial assistance for the 2020-2021 academic year, you left question number 23 blank. In order for us to complete your application and make the necessary corrections, you must carefully read the enclosed worksheet and complete this form pertaining to your specific status. Once we have received your completed form, we will make the necessary corrections electronically with the U. S. Department of Education Central Processing System.

corrections electronically w	ith the U. S. Department of Education	Central Processing System.
Printed Name	USF ID or SS	SN
Please circle the number be noted on the worksheet on t	low that corresponds with your specific he back of this form:	c drug conviction status as
1	2	3
•	above is my correct is authority to submit this correction o	•
Signature	Date Signed	
If you still are having diffic call 1-800-433-3243.	ulty determining your correct status, yo	ou may go to www.fafsa.gov or
Sincerely,		
Financial Aid Services		
Please return the completed form	to:	
Financial Aid Services		
500 Wilcox Street Joliet, IL 60 (815) 740-3403 Toll-free: (86	435 finaid@stfrancis.edu 6) 890-8331 Fax: (815) 740-3822	
(010) / 10 0 100 1011 1100, (00	0, 0, 0 0001 1 444 (010) 140 0022	