Feather River College

2009-2010
Financial Aid Department
570 Golden Eagle Avenue
Quincy, CA 95971
STUDENT INFORMATION

PLEASE COMPLETE *ALL* INFORMATION TO AVOID DELAY OF APPLICATION PROCESS.

_____
Last Name First Middle

_____ **Date of Birth**_____--_____--_____
Previous Last Name

S.S.N._____--_____--_____ **Student ID**_____

PERMANENT PHYSICAL AND MAILING ADDRESS:

Physical Address _____

City_____ **State** _____**Zip Code** _____

Mailing Address_____

City_____ **State** _____**Zip Code** _____

LOCAL MAILING ADDRESS WHILE ATTENDING COLLEGE:

Street and/or P.O. Box _____

City_____ **State** _____**Zip Code** _____

Email Address_____@_____

Phone Number – Permanent (_____)_____--_____

LOCAL/CELL(_____)_____--_____

NAME OF *ONE* RELATIVE AND *ONE* FRIEND, WHO WILL ALWAYS KNOW HOW TO CONTACT YOU.

Name_____**Relationship**_____

Address_____

City_____**State**_____**Zip Code**_____

Phone Number(_____)_____--_____

Name_____**Relationship**_____

Address_____

City_____**State**_____**Zip Code**_____

Phone Number(_____)_____--_____

I CERTIFY, THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT.

_____
STUDENT'S SIGNATURE DATE