

FORM REVREQ - IDAHO STATE UNIVERSITY
INFORMATION UPDATE and REVISION REQUEST FORM

26-27

REVREQ-27

INSTRUCTIONS: Please list below your updated information and/or request for a revision to your financial aid award. To obtain the results of your request, contact the Office of Financial Aid or access [MyISU](#). Please allow **three to five working days** for your request to be reviewed. Please return this completed form to:

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#)) *Required

Briefly explain why you are submitting this request.

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

Student Signature: _____ Date: _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

OFFICE USE ONLY

Action taken:

Date/Initials