



**Student Financial Assistance – Scholarship Office**  
**Request for Information**

Academic Year
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If you need assistance with completing this form, please call our office at 480-965-4845 or visit one of our office locations listed at [students.asu.edu/contact/financialaid](http://students.asu.edu/contact/financialaid).

**SECTION A: CONTACT INFORMATION (MUST BE COMPLETED BY THE REQUESTER. PLEASE PRINT CLEARLY.)**

Date Requested	Date Needed*
Submitted By	Phone Number
E-mail Address	College
Has Our Office Compiled This Information For You Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Name <input type="checkbox"/> Don't Know

\*Please allow 4-6 weeks to complete this request; peak business times require additional processing time.

**INSTRUCTIONS**

YOU ARE REQUIRED to complete Sections B and C below. Please allow 4-6 weeks to complete this request; peak business times require additional processing time.  
**RETURN THIS FORM TO:** [sfaodata@asu.edu](mailto:sfaodata@asu.edu) as an e-mail attachment.

**SECTION B: REQUESTED INFORMATION**

<b>Requested Fields</b>			
<input type="checkbox"/> Name	<input type="checkbox"/> EMPLID†	<b>Financial Need</b>	<b>Loans (select one)</b>
<input type="checkbox"/> Major	<input type="checkbox"/> Residency	<input type="checkbox"/> Gross Need (COA – EFC)	<input type="checkbox"/> Include Loans In Need
<input type="checkbox"/> Enrolled Hours	<input type="checkbox"/> Orphan/Ward of Court	<input type="checkbox"/> Unmet Need (Gross – All Aid)	<input type="checkbox"/> Exclude Loans in Need
<input type="checkbox"/> GPA	<input type="checkbox"/> Other (specify):		
<b>Limit Results By</b> Terms(s) semester and year):			
Academic Level:	<input type="checkbox"/> All	<input type="checkbox"/> First-time Freshmen	<input type="checkbox"/> Continuing
Campus (check all that apply):	<input type="checkbox"/> Downtown Phoenix	<input type="checkbox"/> Polytechnic	<input type="checkbox"/> Tempe <input type="checkbox"/> West
<b>Date Needed As Of</b>			
<input type="checkbox"/> 21 <sup>st</sup> Day		<input type="checkbox"/> Current Date	
<input type="checkbox"/> I have provided a list of students and EMPLIDs to be queried by attaching a spreadsheet to this e-mailed request.			

**SECTION C: PURPOSE, CERTIFICATION STATEMENT & SIGNATURE**

**Explain the purpose and/or need for this information detailing how the information will be used for education purposes.**

**FERPA Certification:** Arizona State University, pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment), has a comprehensive policy to safeguard the confidentiality of student personal information. Complete instructions are furnished in the University Bulletin, "ASU Policy on the Release of Student Information". Further information is available in the Office of the Registrar, Student Services Building or call (480) 965-3124.

You must agree to abide by applicable Federal Law, State Law, and University Policies in order to obtain the academic and/or financial information requested. The Financial Aid System Access Policy states that information can be released to employees who are determined to have a "legitimate educational interest" in the information requested. A legitimate educational interest is represented by a demonstrated "need to know". Use of the information must be necessary for the individual to perform tasks related to job responsibilities. Furthermore, use of the information must be within the context of official university business, and not for purposes extraneous to the individual's areas of responsibility or to the university. I have read the above policy statements governing access of information and I agree to abide by them.

**By checking the box to the left and typing your name below, you agree that this is valid as your signature, and that you agree to the FERPA Certification above.**

Signature	Date form was signed
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**FOR OFFICE USE ONLY**

Staff Initials	Date	Notes:
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