

Instructor Letter PU: _____

Student Name: _____

Today's Date: ____/____/____

Student ID#: _____

Quarter: _____

Date of Birth: _____

Financial Services My information has not changed (if you check here, skip this section).

Do you receive services or funding from any of the following?

 Public Assistance Social Security Administration Student Financial Aid Department of Vocational Rehabilitation (DVR) Veterans Assistance Department of Services for the Blind (DSB) L&I Worker Retraining/WorkFirst

Financial Services Counselor: _____ Phone: _____

Personal Information My information has not changed (if you check here, skip this section).

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ (Please enter the email you **most frequently** use)

Emergency Contact Name: _____ Phone: _____

Academic Information My information has not changed (if you check here, skip this section).

Major or Program: _____

 Running Start STAR student CEO student**Campus Programs and Services** Check all that apply or with which you participate: TRIO Multicultural Services Academic Success Center Student Programs/Clubs Student Government Using Advising Taking Online Courses Worker Retraining Veteran Programs Athletics Peer to Peer Mentoring DRC Computer Lab