2014–2015 Change in Living Arrangement

Student Name: ___________________________  Loyola ID: ___________________________
(Please print)                     (Your 11-digit Loyola ID number begins 0000.)

I authorize the Financial Aid Office to change my originally reported living arrangement and revise my financial aid award, if necessary.

For the 2014–2015 academic year, I will be living:

☐ Off Campus Apartment

☐ At Home/Commuting

For the 2014-2015 academic year, I will be a:

☐ First Year

☐ Second Year

☐ Third Year

☐ Fourth Year

Certification Statement:
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in denial of the appeal.

_________________________  ___________________________
Signature                      Date

LG_HSD 2015