For Official Use Only	
Original identification number	

Student's Signature

1999-2000 STUDENT AID REPORT (SAR) ADDRESS CHANGE/SCHOOL CHANGE/ DUPLICATE SAR REQUEST



Please Print	<u>_</u>		U.S. Department of Education Student Financial Assistance Programs
STUDENT INFORMATION Name	Last	Social Secur First	M.I.
Address Change Reque	My permanent address has of Number and street (Include apt. no.)	changed. Please change it to the	address below.
New Permanent Mailing Address	City	State	ZIP code
_	ames of the schools on my SAR be c	_	Housing Codes: 1—on-campus 3—with parent(s) 2—off-campus
Federal School Code	College Name	College Street Address and C	
DUPLICATE SAR REQUES	Please send me a duplic	14930 NORTH SOMEWHE ANYWHERE CIT	
(You I certify that I am (print full	must complete this section of name)	,	ROCESSED.)
	me under the Privacy Act (5 U.S.C. 55		Mail to the appropriate address listed on the back.

Date

Send this form to the following address:

Federal Student Aid Programs P. O. Box 7024 Lawrence, KS 66044-7024