



CORRECTION FORM
2020-2021

Financial Aid Office/Enrollment Services
452 South Anderson Road, Rock Hill, South Carolina 29730
Phone (803) 327-8008 Fax (803) 981-7278

Student Name: _____ CID: _____

I agree to have corrections sent electronically by York Technical College's Financial Aid Office. I certify that all of the information provided on my Student Aid Report is accurate and complete. If requested, I agree to give proof that all information is correct.

If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Items to Correct

Student Information

Name: _____

(as it appears on the Social Security Card)

Date of Birth (DOB): _____

Student's Marital Status: _____

Date of Marital Status: _____

Phone Number: _____

(If you are married, separated, divorced, or single and over the age of 24, you are not required to complete the parent information in the next column.)

Number in Household: _____

Number in College: _____

Parent Information

Father (Stepfather)'s Name: _____

(as it appears on the Social Security Card)

Father (Stepfather)'s DOB: _____

Father (Stepfather)'s SS# _____

Parent's Marital Status: _____

Date of Parent's Marital Status: _____

Mother (Stepmother)'s Name: _____

(as it appears on the Social Security Card)

Mother (Stepmother)'s DOB: _____

Mother (Stepmother)'s SS#: _____

Other: Describe any items not listed above which require corrections:

Check if applicable documentation attached.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____