

Financial Aid Office – 5100 Sierra College Blvd., Rocklin CA 95677 Phone (916) 660-7310

## **Living With Parent Correction Form**

Student Last Name	First Name	M.I.	Student ID Number
Date of Birth	Phone Number	er (include area code)	
	under the assumption		CADAA application, Sierra ts reside off campus or on
who live on campus, o with their budgets. Wit no question associate	ff campus, or with pare h the changes on the 2	nt all have unique 024/2025 FAFSA situation. Sierra	heir housing arrangement. Students assumed costs that are associated and CADAA application, there is now College is under the assumption that s.
	inancial Aid Office. You		status by submitting the Sierra College nount may be adjusted after your cost
Sign below and submit to	Sierra College Financi	al Aid if the follow	ving applies to you:
I am living v	vith parent(s).		
Bring to the Finanacial Ai	d Department or email t	o financialaidque	stion@sierracollege.edu.
I acknowledge that updatir financial aid status, potenti			parent(s) may result in changes to my
Student's Signature			Date