



Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617
Email: faoffice@haskell.edu

2020-2021 Student Data and FERPA Information:

First Name (please print) _____ Last Name _____ MI _____ Haskell Student ID Number _____

Current Phone Number to Contact You: _____ Personal E-Mail Address: _____

Indicate your Housing Plan: (check one): On-Campus ☐ Off-Campus ☐ Off-campus With Parents ☐

If off campus, please list your address: _____

List ALL name(s) and dates of any college, university or vocational/technical schools you have previously attended:

Have you graduated with an AA/AS or a BA/BS degree? Yes _____ No _____

Check all semesters that you plan on attending: Fall 20 _____ Spring 21 _____ Summer 21 _____

Financial Aid Release of Information

☐ I release Financial Aid information and records to my Higher Education department, Haskell TRiO, Student Success, AICF, parents or family members and other private scholarship sponsors as listed below:

☐ I am electing confidentiality and do not want any records released.

Tribe Name:	Name:
Higher Education Department	Relationship:
Phone Number:	Phone Number:
Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

Certification and Signature

By signing this form, I certify that I have reviewed all of the information and that the information reported on this form is true and correct to the best of my ability. I also understand that if I purposefully give false or misleading information, I am violating a Federal Statute and could face monetary penalties and sentenced to jail.

Student's Signature

Date