2009-2010 ELECTRONIC CORRECTION
AUTHORIZATION FORM

Name: _____ SID#:_____

I give **Foothill College** permission to submit my SAR corrections electronically. I have reviewed and agree with the following corrections. I authorize the Financial Aid Office to make corrections to resolve conflicting data that has been submitted.

Item #/Description	**Change to:**
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Everyone whose information is given on this form should sign below. If you are a dependent student you **must** have a parent's signature or this form will be returned unprocessed.

Student Signature: _____ **Date:**_____

Parent Signature:_____ **Date:**_____