



# WICHITA AREA TECHNICAL COLLEGE

## Student Data Form 2009–2010

For Financial Aid Use Only		
	Date	By
Received:		
Entered:		
Certified:		

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date you plan to enroll: \_\_\_\_\_

Program you plan to enroll in: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Will you have any third-party assistance? Check one or more and **enter amount**:

- Employer Reimbursement   
 Private Scholarship   
 TAA/WIA   
 VA Benefits   
 Vocational Rehabilitation

Other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check here if you **HAVE** received a bachelor's degree.

### Security Release 2009–2010

Due to stipulations in the Family Educational Rights and Privacy Act of 1974 (FERPA) and increased security, WATC is not allowed to release information about your account or about your financial aid package to anyone except you. If you would like others (parents, spouse, third-party billing) to have permission to discuss your financial information, please list them below. **If you do not want to grant permission, please strike through this section.**

\_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_  
Student's Signature Date