

## Financial Aid Office 1801East Cotati Avenue Rohnert Park, CA 94928

## finaid@sonoma.edu sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242 Print Form

## **Agency Clarification Form**

Student Name			SSU I.D.	
In accordance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974 (20 U. S. C. 1231g), the Financial Aid Office has been informed that you may be receiving services related to your educational expenses from an agency such as Vocational Rehabilitation, JobLink, etc.				
should consider yeresources you recthis form to our of	our grant and so eive from the ag fice as soon as p	bur educational expenses, you holarship awards before they agency only affect your education ossible so we can ensure your ments until after the add/drop	authorize services for y onal loan and work-stu financial aid award po	ou, so in most cases the addy eligibility. Please return ackage is accurate;
Instructions:				
Please fill in the requested information below. Sign and date the form, then return it to our office.				
· Write a zero or "N/A" if you have no amount to report on a particular line.				
· <b>DO NOT</b> leave a	ny line blank.			
Name of Agency:				
		FALL	S	PRING
Educational Exp	oense:	FALL  Amount the agency has agreed to pay for the Fall semester	Amount the a	PRING gency has agreed e Spring semester
Educational Exp		Amount the agency has agreed	Amount the a	gency has agreed
-	ırse Fees:	Amount the agency has agreed	Amount the a	gency has agreed
Registration and Cou	ırse Fees:	Amount the agency has agreed	Amount the a	gency has agreed
Registration and Cou Books and Supplies:	ırse Fees:	Amount the agency has agreed	Amount the a	gency has agreed
Registration and Cou Books and Supplies: Transportation (inclu Other:	urse Fees:  uding parking):	Amount the agency has agreed to pay for the Fall semester	Amount the a to pay for the	gency has agreed e Spring semester
Registration and Cou Books and Supplies: Transportation (inclu Other:	urse Fees:  uding parking):  eiving services re n before returnin	Amount the agency has agreed to pay for the Fall semester	Amount the a to pay for the	gency has agreed e Spring semester

Signature Date

Student Signature