



The Florida State University
 Office of Financial Aid
 Tallahassee FL 32306-2430
 (850) 644-0539
 www.fsu.edu

Social Security Number _____

Student Name _____

W2 FORM REQUEST

We need to identify the sources of income for 2008 for you or the family member indicated below:

W2FS (Student) _____
 W2FP (Spouse) _____
 W2FM (Mother) _____
 W2FF (Father) _____

List below the source(s) and amount(s) of all income for the year requested. **Attach** copies of **ALL** W-2 Forms and/or other documentation. If this person did not have any income for the year requested, write in **zero (0)**.

<u>INCOME SOURCE</u>	<u>AMOUNT</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____

I/We certify that the above is true and correct.

Student Signature _____ Date _____

and Spouse Signature _____ Date _____

and/or Parent Signature _____ Date _____
 (for dependent students only)

NOTE: SUBMIT COPIES OF W-2 FORMS WITH THIS DOCUMENT, IF APPLICABLE. WE DO NOT KEEP ON FILE COPIES OF W-2 FORMS SUBMITTED PRIOR TO THIS REQUEST.