



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Date _____

W2 FORM REQUEST (FAW2_O)

Identify the sources of income for 2015 using your information or the family member's information 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)

SUBMIT COPIES OF W-2 FORMS WITH THIS DOCUMENT.

Florida State University's Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306
 Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@admin.fsu.edu
www.financialaid.fsu.edu