



# REVISION REQUEST

FINANCIAL AID OFFICE  
6500 PACIFIC BLVD. SW, ALBANY, OR 97321  
Phone (541) 917-4850 / Fax (541)917-4864

Name

Student ID#

Address

Phone (     )

State clearly below the type of change you would like. If you wish a revision due to a change in your financial situation, please complete a [Special Situation Form](#), **not this form**. Other common changes include, reducing or increasing the number of terms you are planning on attending LBCC, requesting a change in your housing status (proof will be required), and other misc. requests for the FA Office.

I understand that my original Award Notification will be awarded at a full-time enrollment level (12 or more credits) for Fall, Winter, and Spring. I understand that if I am not enrolled at full-time status at the time of payment, my disbursement will be adjusted based upon my actual enrollment level. (Financial aid is disbursed the **2<sup>nd</sup> week** for each quarter (**Holidays and school closures may change the date**)). Only check these if you are **NOT ATTENDING** a term

Summer  Not Attending

Fall  Not Attending

Winter  Not Attending

Spring  Not Attending

**OTHER CHANGES?** Please be specific so that we can process your request.

I request that the above revision(s) be considered in reviewing my application. I understand changes are made based on my **total need and availability of funds**. I understand that any change in my enrollment level, can have an effect on the amount of aid that I am eligible for.

Signature

Date

FAO Action: \_\_\_\_\_