

**Cisco College**  
**Request for Dependency Change**  
**2017-2018**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
          Last                      First                      MI

Address: \_\_\_\_\_  
          Street address                                      City/State                                      Zip code

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Cisco College on the basis of race, age, color, gender, marital status, religion, national origin, or disability.

Financial Aid Office Only:

Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Approved: [    ]

Denied: [    ]

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Linda Sellers  
Director Financial Aid