

Student's Signature

Office of Financial Aid 3303 Rebecca St. Sioux City, IA 51104 (712) 279-5530 Financial.Aid@briarcliff.edu

Date

## 2025-2026 Housing Plan Change Form

## A. Student's Information Student's Last Name Student's First Name Student's M.I. Student's ID Number Student's Street Address Student's Date of Birth City Zip Code Student's Email Address State Student's Home Phone Number (include area code) Student's Alternate Cell Phone Number Parents' Names Phone Number **B.** Housing Plans ☐ With Parent Expected housing status: ☐ Off-Campus ☐ On-Campus Housing plan changes do not always result in additional financial aid eligibility. Additional loans may be necessary. C. Certification and Signature I certify that all of the information WARNING: If you purposely give false or misleading reported on this worksheet is complete information, you may be fined, sent to prison, or and correct.

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.

Briar Cliff University Attn. Office of Financial Aid 3303 Rebecca St. Sioux City, IA 51104