

Student First Name: _____ Student Last Name: _____ ID: _____
DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

Date: _____

I certify that the information provided is true and complete to the best of my knowledge. If your parents refuse to sign and date a statement to this effect, you must get documentation from a third party, such as a teacher, counselor, or attorney.

Student Signature: _____ Date: _____

Submitting documents. *You may submit your documents in several ways:*

- Email to: finaid@utrgv.edu
- By mail to: **UTRGV U Central**, Visitors Center 1.113, 1201 W. University Drive, Edinburg, TX 78539
- Physical Drop off to locations listed below:

Brownsville U Central Location: The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026	Edinburg U Central Location: Student Services Bldg., First Floor 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026
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For Office Use Only:
Processed by: _____

Date: _____