



Student Financial Aid

University of Missouri-Columbia

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Columbia, MO 65211-1600
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WEBSITE: <http://sfa.missouri.edu>

Student Name (Last, First)	myZou Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2009-2010 Verification of Payment of Elementary and Secondary Tuition

Section A: To be completed by MU student

Name and date of birth of student attending Elementary or Secondary School

I give permission to _____
Name of Elementary or Secondary School

to provide the information requested below to the Student Financial Aid Office regarding my dependent listed. I acknowledge that \$5,000 per sibling, per year is the maximum that Student Financial Aid is able to consider.

Signature of Parent

Date

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Section B: To be completed by elementary or secondary school official

Name of Elementary or Secondary School _____

Student presently enrolled? Yes _____ No _____

Anticipated period of enrollment: _____

Amount of tuition parent(s) paid for the 2008-09 academic year less any waiver, discount or financial aid. Please do not include tuition paid for student attending MU \$ _____

I certify that all of the above information is accurate to the best of my knowledge as of this date.

Name of verifying official

Title of verifying official

Signature

Telephone number