

THREE RIVERS COLLEGE

	Housir	ng Plans 2	2023-2024	
Last Name		First Name	Student ID	Date of Birth
Address:			Phone Number:	
City:	State:	Zip Code:		
	any line item on this form provide a s	eparate page that includ	r the mailing address listed at the botto les the student's name and ID number a n on living on campus for the 2023-202	at the top.
	Type Name <u>Select the Housi</u>		023-2024 academic year.	,
	○ ОҒҒ САМР	US	○ WITH PARENT	

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature, and certifies that all the information contained on this form and the attached documentation submitted is complete and correct. If I purposely give false or misleading information I may be fined, sentenced to jail, or both.

Student Signature:

Date:

NOTE PLEASE READ this first before submitting: Save this form to your PC first, then open your saved form and click the "Click to Submit" button to the right of the form to submit. If the submit button does not work, then attach this form to an e-mail to: <u>financialaid@trcc.edu</u>

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