



Information Request Form

Please use BLACK ink ONLY

PLEASE PRINT (PLEASE ALLOW UP TO 10 DAYS FOR PROCESS AND DELIVERY)

Full Name: _____
(Last, First, MI)

Mailing Address: _____
Street, City, State, Zip Code

Langston ID Number: A _____ Date of Birth: _____ / _____ / _____

Langston Email Address: _____ @langston.edu

Home Phone Number: _____ Alternate/Cell Phone Number: _____
(Include area code) (Include area code)

How Would You Like To Receive Your Information Requested? (Please check one)

- Have it mailed to the address listed above
 Pick up (must have a picture ID)
 Both

Please check all items requested and indicate the year for each document:

(PARENT DOCUMENTATION CAN ONLY BE MAILED TO ADDRESS LISTED ON DOCUMENT OR MAY BE PICKED UP IN PERSON BY THE PERSON LISTED ON THE DOCUMENT WITH A PICTURE ID.)

<input type="checkbox"/> Parent Tax Return Transcript	_____ Year
<input type="checkbox"/> Parent W-2 Form(s)	_____ Year
<input type="checkbox"/> Parent 1040 Income Tax Return	_____ Year
<input type="checkbox"/> Student Tax Return Transcript	_____ Year
<input type="checkbox"/> Student W-2 Form(s)	_____ Year
<input type="checkbox"/> Student 1040 Income Tax Return	_____ Year
<input type="checkbox"/> Other _____	_____ Year

Student Signature

Date

SEND COMPLETED FORM TO: financial@langston.edu or P.O. Box #668 Langston, OK 73050