



## 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](mailto:financial@langston.edu) or P.O. Box #668 Langston, OK 73050**