San Diego Miramar College Financial Aid Office 10440 Black Mountain Road San Diego, CA 92126 619.388.7864 | 619.388.7910 [fax]



2024-2025 Request for Change in Housing Type

STUDENT IINFORMATION			
1. Last Name	2. First Name	3. Student ID#	
4. Email	5. Phone #	6. Date of Birth	

Whether living with Parents or Other, please fill out Parent Name and Address		
During the Academic Year, I will live with: Parent Other		
Parent(s) Name:		
Parent(s) Address:		
10. Signature:	11. Date:	

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay, denial, reduction or withdrawal of financial aid. Warning: purposely giving false and/or misleading information may be cause for a fine, sentence to jail or both.

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