

FORM REVREQ - IDAHO STATE UNIVERSITY  
INFORMATION UPDATE and REVISION REQUEST FORM

24-25

REVREQ-25

**INSTRUCTIONS:** Please list below your updated information and/or request for a revision to your financial aid award. To obtain the results of your request, contact the Office of Financial Aid or access [MyISU](#). Please allow **three to five working days** for your request to be reviewed. Please return this completed form to:

Office of Financial Aid, Idaho State University, Museum Building, Third Floor  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)

University Place, Bennion Student Union Building, Student Services Office  
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find on [MyISU](#)) \*Required

Briefly explain why you are submitting this request.

**CERTIFICATION:** The person signing below certifies that all of the information reported is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

OFFICE USE ONLY

Action taken:

\_\_\_\_\_  
Date/Initials