

Office of Student Financial Assistance SFA Box 13052 Nacogdoches, TX 75962-3052 (936) 468-2403 FAX (936) 468-1048 finaid@sfasu.edu

Non-Filer Form

Student Name	Student ID	
Please complete this form C is not required to file a 2015	· ·	married) or parent(s), if dependent, will not an
Check one:		
☐ The student, parent(s)	, or spouse was not employed and	I had no income earned from work in 2015.
, .		and has listed below the names of all and whether an IRS W-2 form is attached.
(Copies of all 2015 W-2 Forms issu	ed must be attached.
Employer's Name	2015 Amount Earned	IRS W-2 Attached?
Each person signing below o	ertifies that all of the information	reported is complete and correct.
Student Signature		Date
Parent Signature		Date

Electronic Signatures Will Not Be Accepted