

Office of Financial Aid 12401 SE 320th Street | Auburn, WA 98092 253-833-9111 (2449) | FAX 253-288-3473 finaid@greenriver.edu

2017-2018 REQUEST OF ACTION FORM

Last Name	First Name	MI	SSN	SID
E-mail			Date of Birth	Phone
My request is:				
above. I understand I	may be asked and must p	ovide proof		f my knowledge, as of the date prect. If proof is not provided, I of funds.
Student Signature				Date
		FOR OFFIC	E USE ONLY:	
Staff Initials				Date

Green River College does not discriminate on the basis of race, creed, color, national origin, gender, gender orientation, age, marital status, religion, disability, genetic information or on any other unlawful basis. The college is committed to preventing and stopping discrimination, including harassment of any kind and any associated retaliatory behavior. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President of Human Resources, 12401 SE 320th Street, Auburn, WA 98092, (253) 288-3320 Disability Support Services at (253) 833-9111, ext. 2631; TTY (253) 288-3359.