



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

W2 FORM REQUEST (FAW2)

Identify the sources of income for 2019 using your information or the family member's information below:

W2FS (Student) _____

W2FP (Spouse) _____

W2FP1 (Parent 1) _____

W2FP2 (Parent 2) _____

List below the source(s) and amount(s) of all income for the year requested. Attach copies of ALL W-2 Forms and/or other documentation. If this person did not have any income for the year requested, write in zero (0).

INCOME SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I/We certify that the above is true and correct.

Student Signature _____ Date _____

and Spouse Signature _____ Date _____

and/or Parent Signature _____ Date _____
(for dependent students only)

SUBMIT COPIES OF W-2 FORMS WITH THIS DOCUMENT.