

Data Receiver Designee Form

Complete this form and the *Data Use Agreement* (Form 5361), and return both to Student Scholarships and Grants (SSG).

High School Administrator Name	High School Name		
Street Address	City	State	ZIP Code
Telephone Number	E-mail Address		

List below all employees that will access data pertaining to the Free Application for Federal Student Aid/Tuition Incentive Program (FAFSA/TIP).

Employee Name (Last Name, First Name)	E-mail Address	Direct Phone Number/Extension

CERTIFICATION	
<p><i>I certify that each person(s) listed above is an employee of the high school or intermediate school district, is housed within the high school building, and has direct contact with students. Additionally, I understand that FAFSA/TIP data, information, and reports are confidential and should be handled as such.</i></p>	
High School Administrator Signature	Date

Send completed form by mail, fax, or e-mail to:

Michigan Department of Treasury
Student Scholarships and Grants
PO Box 30462
Lansing MI 48909

Telephone: 1-888-4-GRANTS (888-447-2687)
Fax: 517-241-5835
E-mail: ssg@michigan.gov