

Academic Year 2016-17 Data Receiver Designee Form

1. High School Information

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
High School SAT Code	Telephone Number	Administrator E-mail Address

2. Employee Access Roster

List up to ten employees who will access data pertaining to the Free Application for Federal Student Aid/Tuition Incentive Program (FAFSA/TIP).

Last Name	First Name	E-mail Address	Direct Telephone Number

3. Administrator Certification

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.

/s/	Administrator Signature	Date of Signature
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Send completed form by mail, fax, or e-mail to:

Michigan Department of Treasury
Student Scholarships and Grants
PO Box 30462
Lansing MI 48909
 Fax: 517-241-5835
 E-mail: ssg@michigan.gov