INFORMATION UPDATE
CHILDCARE ASSISTANCE PROGRAM

Student Name:  
(last) (first) (middle initial)  
Last Four Digits of Student SSN: XXX – XX - ________  UW Student ID #: 

I am applying for the following application period:  
Application Quarter: _______________  Application Year: _______________

1. STATEMENT AND/OR UPLOAD ELECTRONIC DOCUMENTS

You may use this form to send our office additional information to be used to update your Childcare Application. To submit additional information, you may provide either a statement below and/or attach documentation.

2. STUDENT CERTIFICATION AND SIGNATURE

I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.

Student Name: ____________________________________________________________

Student Signature: ______________________________________________________________________  Date: _______________

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