The University of Texas Permian Basin

# Office of Student Financial Aid
# 2020-21 REQUEST FOR DEPENDENT CARE ACADEMIC YEAR

Phone: (432) 552-2620 Fax: (432) 552-2621 e-mail: finaid@utpb.edu Campus: Mesa Building 1225

**WARNING !!!** This application is used to collect information to determine if a special circumstance is appropriate. A change is up to the discretion of the Director of the Office of Student Financial Aid. There are no appeals. The information on this form is used to validate dependent care expenses for audit purposes. This request is only valid for Fall 2020, Spring 2021 and Summer 2021 semesters. Requests that are not complete or legible will be returned to the applicant.

**Section 1: Student Demographic Information** *(Please Print Clearly)*

Applicant's Name: _____ UTPB ID#: ____/____/____
Last First M.I.

Address: _____ Phone: (____) ____-____
Street, Apt. #, P.O. Box City State Zip List a Phone # where we can reach you.

**Section 2: Dependent Care Facility**

Facility/ Individual Name: _____ _____
Last First M.I. **Provider's Signature**

Address: _____ Phone: (____) ____-____
Street, Apt. #, P.O. Box City State Zip List a Phone # where we can reach you.

**Section 3: Care Provided for: (List only legal dependents in household)**

| Name of Dependent | Age | Number of Hours Per Day | Number of Days Per Week | Cost Per Month |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | Total Monthly Charges | |

**Section 4: Certification and Authorization**

I certify that all of the information on this form is true and correct to the best of my knowledge. I understand that if all of the information requested on this form is not submitted no action will be taken on this request. I authorize UTPB Office of Student Financial Aid to verify any or all of the information submitted with this request. I understand that the UTPB Office of Student Financial Aid Director has total discretion in approving or rejecting this request and that there are no appeals.

_____
**Applicant's Signature** **Date**

**Return Application and Required Documents to**:
**UT-Permian Basin**
**Office of Student Financial Aid**
**4901 E. University Blvd.**
**Odessa, TX 79762-0001**
*It is recommended that you make a copy of this form for your records*.

| **For Financial Aid Use Only** | |
|---|---|
| Action Taken:<br>[ ] Approved<br>[ ] Rejected<br>Date: _____<br>FAO Signature:<br>_____ | Date Received:_____<br>Initials:_____<br>Date Posted:_____<br>Initials:_____<br>Date Imaged:_____<br>Initials:_____ |

**The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:**
**With few exceptions, you are entitled on your request to be informed about the information U. T. Permian Basin collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U. T. Permian Basin correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that U. T. Permian Basin collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.**