



Troy University Student Support Services Information Sheet

Student Name (please print) _____ Date _____

Please check *one* of the following:

- Yes, I am interested in **joining** Troy University Student Support Services
- Yes, I am interested in **receiving more information** about Troy University Student Support Services

Please check *all* that apply to you:

- First generation college student
(neither of your parents graduated from a four year institution)
- Low income
(you qualify for a Pell Grant)
- Diagnosed Learning Disability What type? _____
- Physical Disability What type? _____
- Transfer Student

What school are you transferring from? _____

Contact Information

Student/Parent Name (please print) _____
Student/Parent Signature _____
Local Student Phone # _____
Local Student Address: _____ _____
Permanent phone # _____
Permanent Address _____ _____