



KANSAS BOARD OF REGENTS

School District Application for FAFSA Data Access

U.S.D. No.:	_____
District Office Address:	_____
	District Name _____
	Street _____
	City _____, Kansas Zip Code _____
Individual who will be granted permission to create an account in the “High School FAFSA Completion” section of KBOR’s secure online system to access the data (<i>This person will be directly responsible for managing the data and will serve as our contact. If you wish to designate a different individual as the contact person, please also provide their name, title, and contact information.</i>)	Name _____
	Title _____
	Phone _____
	Email _____
Individual (with proper authority) who will sign agreement on USD’s behalf such as superintendent or assistant superintendent:	Name _____
	Title _____
	Phone _____
	Email _____

Application made by: _____,
Name
_____, on _____,
Title Date

KBOR Internal Use

Date agreement executed: _____ Expires: _____

Please return completed form to Linda Oldham Burns, KBOR Student Financial Assistance at loldhamburns@ksbor.org