



KANSAS BOARD OF REGENTS

**School District Application for FAFSA Data Access**

<b>U.S.D. No.:</b>	<hr/>
<b>District Office Address:</b>	<hr/>
	District Name <hr/>
	Street <hr/>
	City _____, Kansas Zip Code _____
<b>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>)</b>	Name <hr/>
	Title <hr/>
	Phone <hr/>
	Email <hr/>
	<hr/>
<b>Individual (with proper authority) who will sign agreement on USD’s behalf such as superintendent or assistant superintendent:</b>	Name <hr/>
	Title <hr/>
	Phone <hr/>
	Email <hr/>

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](mailto:loldhamburns@ksbor.org)