

**EDEX**

**Parent Educational  
Expense Form  
2009-2010**

University ID #: \_\_\_\_\_  
 or  
 Social Security #: XXX-XX-\_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_  
 (LEGAL NAME - PRINT)      *first*      *middle*      *last*      (Required – Last Four Digits)

Complete this form if one or both parents will be attending a college or university on at least a half-time basis in a degree or certificate program during the 2009-2010 academic year. You must attach a copy of an admission letter for Fall 2009 or Spring 2010 (for entering freshmen) or a printout of the student record from the school website (name of student and school must print on the document), or an official or unofficial transcript, or certifying letter from the college Registrar, or an official copy of the tuition charges for the term(s) of enrollment.

<i>Parent's Name</i>	<i>Name of College Parent Enrolled in for 2009-2010 academic year</i>	<i>Credits Hours Enrolled Per Semester or Quarter</i>	<i>Degree Sought</i>	<i>Cost of Tuition and Required Fees</i>

Of the tuition and fee costs listed above, indicate the amount to be reimbursed by the parent's employer:

Amount per semester/quarter: \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address (City, State, Zip): \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*We certify that the information provided is complete and accurate.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date