

# HESC DocTrac Cover Sheet

Please print legibly or type all information requested.

Return this form to HESC via email at [Doctrac@hesc.ny.gov](mailto:Doctrac@hesc.ny.gov) or fax at (518) 473-1414

\*Required fields.

**To:** HESC DocTrac

**Date:**

**\*From:**

**\*Phone Number:**

**Fax Number:**

**\*Number of Pages:**

**\*E-mail Address:**

**\*College Name:**

**\*College TAP Code:**

**\*Student Name:**

You must include a Student SSN **OR** a Student ID

**Student SSN/Student ID:**

**\*Academic Year:**

\*Documents transmitted (please check all that apply):

Residency Questionnaire

Proof of Financial Independence

Court Orders

Housing Assistance/Budget Letter

Notarized Statements

DD214 Stating Honorable Discharge

Income tax forms, W2's, documentation

for Student

Spouse

Parent(s)

Proof of student's dependent(s)

Other - please explain:

Do not send ETAs, RFIs, Change Forms or VIAC Verification Letters. These documents must be mailed to the appropriate address provided on the form.