



FAFSA STUDENT UPDATE FORM

Submit your completed form to: FAFSAPortal@ocap.org.

Use the FAFSA Student Update Form to submit student names who:

1. Appear incomplete in the FDP despite submitting a FAFSA

2. Should be removed or added to the FAFSA Data Portal
3. Require a name or date of birth correction

4. Have submitted an Opt-Out Form

1. APPEAR INCOMPLETE IN THE FDP DESPITE SUBMITTING A FAFSA

Do you have students who report completing the 2027–28 FAFSA, but are still listed as “No FAFSA Application” or “Incomplete” in the FDP? If so, please provide all requested information below so we can help locate their records in the Federal Student Aid system.

Name on FAFSA Submission Summary

Name in FDP provided by your school

Date of birth shown on FAFSA Submission Summary

Date of birth shown in FDP provided by your school

Name on FAFSA Submission Summary

Name in FDP provided by your school

Date of birth shown on FAFSA Submission Summary

Date of birth shown in FDP provided by your school

Name on FAFSA Submission Summary

Name in FDP provided by your school

Date of birth shown on FAFSA Submission Summary

Date of birth shown in FDP provided by your school

Name on FAFSA Submission Summary

Name in FDP provided by your school

Date of birth shown on FAFSA Submission Summary

Date of birth shown in FDP provided by your school

2. SHOULD BE REMOVED OR ADDED TO THE FAFSA DATA PORTAL

Include students to be ADDED or DELETED from your school in the FAFSA Data Portal.

Student Name _____

☐ Add

☐ Delete

Date of Birth _____

☐ Male

☐ Female

Student Name _____

☐ Add

☐ Delete

Date of Birth _____

☐ Male

☐ Female

Student Name _____

☐ Add

☐ Delete

Date of Birth _____

☐ Male

☐ Female

Student Name _____

☐ Add

☐ Delete

Date of Birth _____

☐ Male

☐ Female

3. REQUIRE A NAME OR DATE OF BIRTH CORRECTION

Update student name or date of birth.

Student Name _____

DOB

Change to:

Student Name _____

DOB

Student Name _____

DOB

Change to:

Student Name _____

DOB

4. HAVE SUBMITTED AN OPT-OUT FORM

Students who have completed an Opt-Out Form.

Student Name _____

Student Name _____

Student Name _____

Student Name _____

Student Name _____

Educator _____

Date

High School _____

Submit your completed form to: FAFSAPortal@ocap.org.