



**DocTrac FAX # (518) 473-1414  
or E-Mail Doctrac@hesc.ny.gov**

**DocTrac Cover Sheet - Please print legibly or type all information requested.**

**To: DocTrac**

**Date:**

**\*From:**

**\*Phone Number:**

**Fax Number:**

**\*Number of Pages:**

**\*E-mail Address:**

**\*College Name:**

**\*Student Name:**

**\*Student SSN:**

**\*Academic Year: 20 - 20**

**\*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**
  - Other**
- Income tax forms, W2's, documentation for**
  - Student**
  - Spouse**
  - Parent(s)**
- Proof of student's dependent(s)**
- Other – please explain:**

**\*PLEASE DO NOT ALTER THIS FORMAT \*\* PLEASE DO NOT RE-SEND DOCUMENTS \***

**\*\* Do not DocTrac ETAs, RFIs, Change Forms and VIAC Verification Letters.**

**These documents must be mailed to the appropriate address provided on the form.**

**If you require further assistance, please call 1-866-431-4372 and request to speak with a DocTrac representative. Please allow up to 3-5 business days to receive your tracking receipt number.  
Thank you.**

**\* REQUIRED FIELDS**