

Independent Student Family Size Verification Form 2024–2025

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your spouse (if applicable) must complete, sign, and submit this form listing the name and age of each of your family members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student	Information	Student's Name (Last, First	, M.I.)	Student ID - REQUIRED
 Yourse 	e in your family. In elf and your spous	clude the following: e, if you are married	their support from	July 1, 2024, through June 30, 202
or if th	e child would be re	equired to provide your informati et either of these standards, eve	on if they were cor	mpleting a FAFSA for 2024- 25.
		with you and you provide more upport through June 30, 2025.	than half of their	support and will continue to provi
If more space		n additional sheet with the stude	ent's name and ID	at the top. The student and parent
First	: Name	Last Name	Age	Relationship to You
EXA	MPLE: Missy	Jones	18	Sister
				Self
C. Certifica	ation and Signa	atures		
information is a	attached. The stude rmation could resul		late this section. I u	s complete, correct, and any addition inderstand that purposely giving false porting information to the U.S.
Student's Signature			[Date
Spouse's Signature			Γ	Date