



# OFFICE OF FINANCIAL AID

Verification of Dependency Status 2022-2023

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

In the previous academic year, you submitted documentation to the Financial Aid Office that reflected that you should be considered as an independent student.

Check One:

My situation has not changed from the previous year

My situation has changed from the previous academic year

Briefly describe your situation and how it will impact you for the next academic year.

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Certification:

I certify that my situation has not or will not change for 2022-2023 and I am requesting that my dependency status remain as independent. Should additional information be needed, I understand that I may be responsible for submitting additional documentation to the Financial Aid Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_