



OFFICE OF FINANCIAL AID

Verification of Dependency Status 2024-2025

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.

Certification:

I certify that my situation has not or will not change for 2024-2025 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: _____