

2025-2026 DEPENDENCY REVIEW Office of Undergraduate Financial Aid

Student Information

| LAST | FIRST | MI | ID NUMBER |
|---|--|---|--|
| 2.0. | | | .5.10.152.1 |
| STREET ADDRESS | | | EMAIL |
| CITY | STATE ZIP CC | DDE | PHONE |
| complete all question information/document | ns on this form. The Offic | e of Undergrer review. You n | ces regarding your dependency status. You must aduate Financial Aid may request additional must complete a 2025-2026 Free Application for |
| Parent refusal toParent unwillingrParent(s) do not | alone, do not warrant a contribute to educational cosess to provide information on claim the student as a dependentation of total self-sufficiency | sts the FAFSA or for | verification |
| ☐ A copy of your 2024 F☐ A detailed letter desc☐ Two reference letters | g documents to this for ederal Tax Return Transcript O cribing your relationship with your from individuals who can con- burce, i.e. counselor, clergy, el | PR Expense Form our parent(s). firm the circums | if you did not file taxes. tances supporting your request. At least one must be |
| Please answer the | following questions: | | |
| 1. Where will you | . | | |
| on campus off campus with parent(s) | | | |
| | ur parents claim you on the | • | . , |
| □ yes | | Jii i Gadiai iax | No. |
| 3. Do either of your parents provide your health insurance, car insurance, or pay your cell phone bill? | | | |
| yes | no | | |
| | CERTIFIC | CATION STAT | EMENT |
| Office of Undergraduc I realize that purposely | te Financial Aid, I agree to giving false or misleading in | provide proof nformation on t | te to the best of my knowledge. If asked by the of the information that I have given on this form. this form may result in reduced or loss of eligibility, Board, and/or a referral to the federal Office of |
| STUDENT SIGNATURE | | | DATE |