

# Declaration of Dependency Form

**Purpose:** This form is required to verify a student's dependency status for financial aid determination. Please fill out all sections accurately to prevent delays in financial aid processing.

## Section 1: Student Information

Full Name:

Student ID Number:

Date of Birth:

Email Address:

## Section 2: Dependency Status Questions

- ☐ I am 24 years of age or older.
- ☐ I am married.
- ☐ I am a graduate or professional student.
- ☐ I am a veteran of the U.S. Armed Forces.
- ☐ I have dependent children who receive more than half of their support from me.
- ☐ Other (please explain below):

## Section 3: Parent or Guardian Information (if applicable)

Parent/Guardian Full Name:

Relationship to Student:

Contact Phone or Email:

**Student Signature:**

**Date:**

**Note:** Please provide all requested documentation to verify your answers. Incomplete forms may delay your financial aid application. For questions, contact your financial aid office.

