

2025-2026 VERIFICATION DEPENDENT STUDENT



First Name		Last Nan			
OR		()	-		FC25QIFW
Student ID Last 4 Digits of SSN			Phone Number	r	
PARENT'S SPOUSE OR PARTNER	INCOME FROM	WORK			
You must confirm that your parent's spou checking the appropriate box below.	se/partner has not f	iled and is	not required to	file a 2023	income tax return by
My parent's spouse/partner has no spouse/partner had no income ea			file a 2023 incon	ne tax retur	n. My parent's
My parent's spouse/partner has no names of all employers for my par whether an IRS W-2 form or an eq not issue an IRS W-2 form.	ent's spouse/partne	er, the amo	unt earned from	each empl	oyer in 2023, and
+ Attach copies of all 2023 IR	S W-2 Forms issue	d to your pa	arent's spouse/pa	artner	
EMPLOYER'S NAME			IRS W-2 OR EQUIVALENT PROVIDED?		NUAL AMOUNT ARNED IN 2023
				\$	
				\$	
				\$	
				\$	
				\$	
If more space is needed, prov	vide a separate pag	e with the	student name an	d ID numbe	er at the top.
CERTIFICATIONS AND SIGNATUR	ES				
By signing below, I certify that all the info	•	•			
WARNING: If you purposely give fals	se or misleading inf	ormation, y	ou may be fined,	sent to pris	son, or both
Student Signature*					Date
Parent Signature*					Date

* Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.