



Student Name: _____ **Student NUID:** _____

Phone Number: _____ **Birth Date:** _____

The Financial Aid Office is **required to verify** the accuracy of information reported on your FAFSA and to make corrections if necessary. Financial Aid Awards cannot be finalized, and aid cannot be paid to the student account until verification is complete.

Family Size Information

List the following people below, including:

- **Yourself** and **your spouse**, if you are married.
- **Your dependent children**, if the following are true:
 - They live with you (or live apart because of college enrollment);
 - They receive and will continue to receive more than half of their support from you from July 1, 2024 to June 30, 2025.
- **Other Dependents**, if the following are true:
 - They live with you;
 - They receive and will continue to receive more than half of their support from you from July 1, 2024 to June 30, 2025.

Note: The provided criteria for “your dependent children” or “other dependents” should align with the requirement of family size with whom you could claim as a dependent on a U.S. tax return if you were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, you should not include any unborn children in the family size.

Full Name	Date of Birth	Relationship
		<i>Self</i>

Certification and Signatures - Each person signing below certifies that all the information reported on this form is complete and correct. **WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both. *Electronic signatures are not accepted.***

STUDENT SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE (Optional): _____ DATE: _____

Return Form To:

CSC START Office
1000 Main Street, Chadron NE 69337

 Fax: (308) 432-6474  Phone: (308) 432-6061