

Return to:
One-Stop Student Services
 Memorial Union Room 302
 2901 University Ave Stop 7155
 Grand Forks, ND 58202-7155

Secure document upload:
[Verification Document Upload Form](#)

**2024-2025 Verification of
 Support of Legal Dependent(s)**

Student Information

Last Name	First Name	MI	Student ID
____/____/____ <small>Date of Birth</small>	(____) ____--____ <small>Telephone Number</small>		_____@und.edu <small>E-Mail Address</small>

INSTRUCTIONS: You indicated on the 2024-2025 FAFSA that you have at least one dependent. To claim this person as a legal dependent for financial aid purposes, you must currently be providing **more than half** of their support and continue to do so through June 30, 2025. To document this, complete the information below and return this form to UND One-Stop Student Services as soon as possible.

Your financial aid cannot be processed until this information is received.

Please list the person(s) to whom you provide 51% support:

Name: _____	Age: ____	Name: _____	Age: ____
Name: _____	Age: ____	Name: _____	Age: ____

Does the person(s) named above currently reside with you? Yes No

Do you receive supplemental income/support for the care of the person(s) named above? Yes No
 (Support includes housing, food, clothes, medical, adult/day care, money from family/friends, etc.)
 If yes, what amount per month? _____
 If yes, what type of assistance? _____

Who else will help provide support for person(s) named above during the 2024-2025 academic year?

Name: _____ Phone: _____
 Relationship to Person: _____
 Will this person also attend college in the 2024-2025 academic year? Yes No
 If yes, Name of College: _____ City/State: _____

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct.

Student Signature: _____ Date: _____

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.